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REPORT OF THE Cornwall Inquiry

PHASE 2
SERVICES AND
PROGRAMS
FOR HEALING &
RECONCILIATION

VOLUME 1

VOLUME 2


VOLUME 3

VOLUME 4

The Honourable G. Normand Glaude
Commissioner



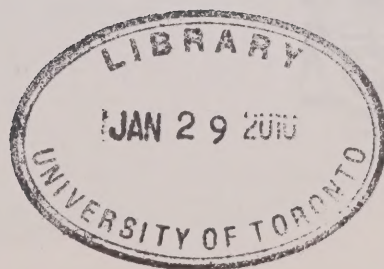
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**Cornwall
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Published by
Ontario Ministry of the Attorney General

© Queen's Printer for Ontario 2009

Cover and Interior Design: *Tania Craan Design*

Book Layout: *Lakeside Group Inc.*

Printed in Canada: *Webcom Inc.*

ISBN 978-1-4435-0000-5 (Print) (set)

ISBN 978-1-4435-0003-6 (Print) (v.2)

Library and Archives Canada Cataloguing in Publication

Cornwall Public Inquiry (Ont.)

Report of the Cornwall Inquiry.

4 v.

Issued also in French under title: Rapport de la Commission d'enquête sur Cornwall.

Complete contents: v. 1, phase 1. Facts & findings – v. 2, phase 2.

Services and programs for healing & reconciliation – v. 3, phase 2.

Voices from informal testimony – v. 4, phase 1 & 2. Executive summary.

Available also on CD-ROM and on the Internet.

ISBN 978-1-4435-0000-5 (set). – ISBN 978-1-4435-0001-2 (v. 1).

ISBN 978-1-4435-0003-6 (v. 2). – ISBN 978-1-4435-0005-0 (v. 3).

ISBN 978-1-4435-0007-4 (v. 4)

1. Child sexual abuse—Investigation—Ontario—Cornwall.

2. Sex crimes—Investigation—Ontario—Cornwall. 3. Criminal investigation—Ontario—Cornwall.

4. Governmental investigations—Ontario. 5. Cornwall Public Inquiry (Ont.).

HV8079.C46C66 2009

362.76'650971375

C2009-905602-X

A hardcopy of this publication can be ordered
online at www.serviceontario.ca/publications

By phone through the Service Ontario Contact Centre

Monday to Friday, 8:30 AM to 5:00 PM

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416 325-3408 (TTY)

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This Report is also available at www.cornwallinquiry.ca

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Introduction: A Unique Mandate

Our Challenge

Public inquiries are created to respond to both public concern and interest regarding a particular series of incidents or circumstances. They are established in order to better understand contentious matters that have occurred in the past and to identify the public policy tools that could ensure problems of the past are addressed. Inquiries are particularly suited to matters that demand both thorough review and thoughtful policy consideration. Like many other public inquiries, the Cornwall Public Inquiry was to make findings on the past and recommendations for the future. For the Cornwall Public Inquiry, this included reporting on the response of the justice system and other public institutions in relation to allegations of historical abuse¹ in the Cornwall area. It also included the future-oriented mandate of making recommendations directed “to the further improvement of the response in similar circumstances.” In my view, the identification of future-oriented recommendations does require analysis of public policy considerations. Much of this policy work was the responsibility of those working in Phase 2.² Phase 2 activities, such as expert workshops and the development of research, advanced the debate needed to test possible program, legislative, or operational approaches for the future. The resultant Phase 2 recommendations may be germane to Cornwall but have more far-reaching effects.

In addition to the mandate found in many other public inquiries, however, the Order-in-Council³ establishing the Cornwall Public Inquiry created, in section 3,

-
1. This mandate is discussed in detail in my Phase 1 report.
 2. The work of Part 2 or Part II, as it is called in the Rules of Practice and Procedure of the Cornwall Public Inquiry, became known as “Phase 2.” For consistency, “Phase 2” has been used throughout my report and any references to Part 2 or Part II should be considered as references to “Phase 2.”
 3. Order-in-Council 558/2005, April 14, 2005. This Order-in-Council was posted on the website of the Cornwall Public Inquiry.

a unique mandate for a public inquiry in Ontario. It directed me to “inquire into and report on processes, services or programs that would encourage community healing and reconciliation in Cornwall.”

While there has been a focus on events in Cornwall and area, no one believes that the sexual abuse of children and young people does not occur elsewhere.⁴ Many adults living outside Cornwall were also abused as children or young people. Some have addressed their abuse; many have not. It is clear that personal healing is an aspiration that transcends the Cornwall community. It is also clear that many other communities have carried the consequences and costs of the sexual exploitation and abuse of children and young people.⁵ Abuse touches all of society and the institutions through which society operates and expresses its collective values and will to act on behalf of its vulnerable members.

The unique mandate of healing and reconciliation has both an explicit focus on Cornwall and the surrounding counties—on what is needed for healing and reconciliation in this area—and an implicit application to other communities and similar circumstances. Because the need for healing extends beyond Cornwall, solutions for the future in Cornwall may be considered elsewhere.

As a result, my Phase 2 Report encompasses both local and province-wide approaches for healing and reconciliation. To the extent that the experiences of Cornwall and the commitment to healing and reconciliation in one community can aid, comfort, and inspire others, this will be in itself healing for the community of Cornwall. To address a difficult past, to find and commit to constructive change, and to lead by example is a powerful legacy. I commend this legacy to the people of Cornwall and of Stormont, Dundas and Glengarry, and to the Government of Ontario.

Our Principles

In addressing a unique mandate, it was also evident to me that a variety of approaches needed to be engaged to involve as many people as possible in Phase 2. There had to be sensitivity to different needs. For example, survivors of abuse may be at different stages of recovery, with some ready to meet openly with institutions or to provide support to other survivors, while other survivors

4. For a full discussion of the prevalence of abuse, see the summary of expert testimony in Volume 1 of this Report.

5. Audra Bowlus, Katherine McKenna, Tanis Day, and David Wright, *The Economic Costs and Consequences of Child Abuse in Canada*, Report to the Law Commission of Canada, March 2003. This report looks at the cost to Canadian society of child abuse for one sample year—1998—estimating that it exceeded \$15 billion.

need privacy or to build a greater sense of personal safety before meeting with others. That reality would dictate the use of a multiplicity of Phase 2 actions, including outreach to survivors and to members of the Cornwall community. In pursuing various avenues of engagement, from professional seminars to neighbourhood meetings, we operated under certain principles and evolved others over time. These principles continue as the backbone to the analysis and policy-development processes in this Report and for my recommendations related to Phase 2. The following are the key principles.

Survivor Engagement

It is essential to include those affected by childhood sexual abuse “at the table” in developing approaches for the future. Their voices must be heard, as a matter of fundamental decency and dignity, but also for the practical reason that solutions, no matter how well intended, may not work if not tested by the experience of those who have been abused. Inclusion of those who have experienced abuse in the process of developing changes for the future is therapeutic for them. I have heard many say they wish to “give back,” to work to better serve a younger generation, so their own painful experience will prevent abuse in future. Many survivors are prepared to walk next to those still making the healing journey, and seek approaches for the future to support this.

Responding to Boys and Men

I recognize that the history of abuse of boys and young men, and the suffering of adult male survivors, is long-standing—but our awareness and response as a society lags behind that reality. The needs of male children and youth are central to Phase 2 recommendations. Understanding the social context for men and boys and how this can act as a barrier to seeking and getting help for sexual abuse requires focused consideration. Seeing the “boy in the man” has informed our Phase 2 work and I hope it will inform the vision for the future in Cornwall and throughout Ontario.

Sustainability

In looking at possible approaches in my report, I have sought ways to sustain change and support mechanisms for the future. It is better to do fewer things well and to integrate them for the long term than to start many things, complete none, and thus defeat hope for real change. My report looks at setting priorities and how we can have in place the mechanisms to feed momentum, sustain commitment, and ensure accountability.

Partnership

I am convinced that although some initiatives can be successful with one champion, communities are, in general, better served by cooperation and collaboration. In my Report, I have favoured approaches that can bring together different skills, perspectives, and information and that can reduce barriers between organizations.

Pragmatism

The question in Phase 2 has always been “What works? What will work?” While Phase 2 has added to public and academic knowledge, it has been not theoretical, but practical. The Phase 2 recommendations are crafted to be pragmatic and to consider implementation feasibility, cost, time frame, focus, and reporting and accountability measures. Being pragmatic can also involve fairly identifying problems that do exist and challenging those who say: “We’ve always done it this way.”

Education and Awareness

Public and professional education and public knowledge are indeed power. Knowing about prevention of child sexual abuse can result in prevention itself. Awareness of the symptoms and signs of abuse can lead to earlier detection and intervention. Knowledge of sensitive ways to intervene can lead to more effective intervention for the child or young person and his or her family—and for the justice system and society at large.

Knowledge of the way to help those with a history of abuse can result in more appropriate help at an earlier time, benefiting the individual, his or her family, and, in many cases, his or her employer, the justice system, and all of society. Acquiring knowledge is never complete for professionals or parents or the public; it is continuous. Good training and effective awareness initiatives also need to be informed by ongoing research. I have therefore favoured solutions that support professional training, education, research, and public awareness—to give all of us the power to protect our children and to empower children to seek and obtain the help they need.

Our Processes

What We Did in Phase 2

Phase 2 of this Inquiry ran concurrently with Phase 1. This had several advantages. It was more efficient, promoted sharing of information, and allowed the provision of services to directly assist those impacted by this Inquiry while it was ongoing.

In Phase 2, we set out to encourage dialogue, to work on building the relationships and capacity that could be the foundation for sustainable approaches to healing and reconciliation. I wanted to ensure that my recommendations related to the Cornwall community had community foundations.

I decided that Phase 2 should run concurrently with Phase 1 and not wait until the end of Phase 1 evidentiary hearings. In addition to the practical advantages discussed, there was impetus from survivors, their families, parties to this Inquiry, and the public to start the process of healing and reconciliation. I believe this was motivated in part by the recognition that healing and reconciliation is a long-term endeavour and that the work would not be confined to any particular timeline.

Phase 2 contained several components that clearly overlapped. These components did not operate independently, but were interdependent, each informing and working with the other. However, to understand the broad scope of Phase 2 work, it is useful to have a high-level overview of that work. Phase 2 includes:

- Witness Support;
- Counselling Support;
- informal testimony;
- research and workshops related to that research;
- educational and training opportunities;
- outreach by the Advisory Panel; and
- public “town hall” meetings and policy roundtable workshops.

A complete list of research is found in Appendix A, and a complete list of Phase 2 events is found in Appendix B.

In addition, in Phase 2, I invited and received written submissions from the public, as well as oral and written submissions from parties with Phase 2 standing. I also received recommendations on Phase 2 from those who testified in Phase 1 and from those who gave informal testimony. All were carefully and thoroughly considered in the crafting of my Phase 2 Report.

Phase 2 Standing and Funding

The test for standing in respect to Phase 2 of the Cornwall Public Inquiry is set out in section 54 of our Rules of Procedure and Practice:⁶

6. Rules of Practice and Procedure of the Cornwall Public Inquiry, as amended and consolidated, September 29, 2006. These rules and any amendments were posted on the website of the Cornwall Public Inquiry.

54. Persons or groups may be granted standing by the Commissioner for Part II of the Inquiry if the Commissioner is satisfied that:

- (a) they are sufficiently affected by Part II of the Inquiry; or
- (b) they represent distinct ascertainable interests and perspectives that are essential to his mandate in Part II, and which the Commissioner considers ought to be separately represented before the Inquiry. In order to avoid duplication, groups of similar interest are encouraged to seek joint standing.

Most parties who were granted Phase 2 standing were given that standing effective November 17, 2005.⁷ Two parties were subsequently given full Phase 2 standing: the Upper Canada District School Board (June 30, 2006)⁸ and the Catholic District School Board of Eastern Ontario (October 3, 2006).⁹ On September 12, 2007, the Coalition for Action was granted full standing limited to those issues that directly affect its interests.¹⁰ Those parties who received standing pursuant to my initial 2005 ruling are:

- Cornwall Police Services Board and the Cornwall Community Police Service (full standing)
- Ontario Provincial Police, Commissioner Gwen Boniface, and Commissioned Officers of the Ontario Provincial Police (full standing)
- Ontario Provincial Police Association (full standing)
- The Ontario Ministry of Community Safety and Correctional Services, and its division, Adult Community Corrections (full standing)
- Attorney General for Ontario (full standing)
- Children's Aid Society of the United Counties of Stormont, Dundas & Glengarry (full standing)
- Citizens for Community Renewal (full standing)
- Victims' Group (full standing)
- Diocese of Alexandria-Cornwall and Bishop Eugene LaRocque (full standing)

7. Commissioner's Ruling on Standing and Funding, November 17, 2005. This ruling was posted on the website of the Cornwall Public Inquiry.

8. Commissioner's Ruling on the Application for Standing of the Upper Canada District School Board, June 30, 2006. This ruling was posted on the website of the Cornwall Public Inquiry.

9. Commissioner's Ruling on the Application for Standing of the Catholic District School Board of Eastern Ontario, October 24, 2006. This ruling was posted on the website of the Cornwall Public Inquiry.

10. Commissioner's Ruling on the Application for Standing and Funding of Carson Chisholm and the Coalition for Action, September 12, 2007. This ruling was posted on the website of the Cornwall Public Inquiry.

- The Estate of Ken Seguin and Mr. Doug Seguin (full standing limited to those issues which directly affect his interests and those of his family)
- Father Charles MacDonald (full standing limited to those issues which directly affect his interests)
- Mr. Jacques Leduc (full standing limited to those issues which directly affect his interests)
- The Men's Project (full standing)

Those receiving Phase 2 standing were entitled to apply for project and participation funding. This included the capacity to apply for funds for research and specific projects.

The process I engaged in with respect to research or specific projects required parties to submit proposals describing their projects, with a detailed funding request. Proposals had to be relevant to the work of healing and reconciliation and had to meet the research criteria developed for all Phase 2 research. Proposals were reviewed by my Advisory Panel and then I reviewed the proposals and the related advice of my Advisory Panel. I then proceeded to make recommendations regarding funding to the Attorney General. The Attorney General agreed to my recommendations.

The four projects that proceeded as Phase 2 party research were the responsibility of The Men's Project. They are listed in Appendix A with other Inquiry research. I thank them for their contribution to the work of Phase 2. I would note that one of the research papers—An Ombudsman for Survivors of Sexual Violence—was also the subject of a public policy workshop held in February 2008.

The written material submitted to this Inquiry by The Men's Project as party research was posted on our website and is available on the CD released with this report. I recommend that those interested in both practical and policy perspectives on several interesting areas of work relevant to this Inquiry read this material.

Phase 2 Advisory Panel

In July 2006, I appointed an Advisory Panel to assist me in the work of healing and reconciliation, to oversee this Inquiry's Phase 2 research agenda, to provide ongoing advice and support, and to facilitate community consultation and outreach. The Panel members were not to make recommendations, but to provide me with the benefit of their analysis, wisdom, and experience, including experience in the community during their tenure as Advisory Panel members. The Advisory Panel was also responsible for receiving informal testimony.

I would like to thank each member of the Advisory Panel for their invaluable advice and assistance, and to recognize their very personal commitment to

the work of Phase 2—their willingness to bring both hearts and minds to the intellectual demands, the challenges of a first-time endeavour, and the healing opportunities for individuals and the community. These are my Advisory Panel members:

Michael Church (Freelton)

Mike is an active volunteer on behalf of men who have suffered sexual abuse. He is a survivor of sexual abuse as a youth but did not get the help that he wants every man to get until he was fifty-six. His work has included providing peer support as a trained mentor and speaking about the impact of sexual abuse to meetings of police forces, hospital staff, schools, and service clubs. He has been a keynote speaker or workshop participant at Ontario conferences of male survivors and has advocated for change on behalf of those who have experienced childhood or adolescent sexual abuse. He has found that raising awareness has aided professionals in recognizing symptoms of childhood abuse and supported men who have experienced abuse but thought they were alone. Mike retired in December 2005, after over forty years of progressively responsible working experience, both at a major Canadian bank and in the Ontario Government. Mike is proud to indicate that he recently celebrated his forty-second wedding anniversary.

Jan Handy (Toronto)

Jan is the Senior Director of Strategic Planning & Programming of The Gatehouse®, a Child Abuse Investigation and Support Site. The Gatehouse® represents a unique, independently managed, and community-based volunteer support response centre for people whose lives have been directly impacted by child abuse. As a professional working in the issues of child abuse survivor needs, Jan has a background in adult education and community development, as well as being uniquely positioned to respond to the issues of child abuse, having experienced the impacts of abuse herself. As the primary author of *Enhancing Resilience in Adults*, Jan has been instrumental in developing The Gatehouse Adult Support Network™ training program, an extensive education and community support network for adults who have experienced child abuse. She holds Masters degrees in Divinity and Education and has been a professional development trainer in several venues, such as The Anglican Church of Canada, Children's Aid Societies, and with early childhood educators. One of seven children and an accomplished artist, Jan now shares her life with her partner and her pets.

Dr. Ben Hoffman (Eganville)

Ben is a specialist in negotiation, mediation, and peace-building. He obtained his B.A. and M.A. (Psychology) from Wilfrid Laurier University, an M.A. in International Relations from Tufts University, and a Ph.D. from York University, U.K. He also specialized in International Peacemaking at the Harvard Law School Program on Negotiation. Ben's interest in mediation began in correctional services in Northern Ontario and grew over the last thirty years to include healing and restorative justice work in a variety of national and international settings. He played a central role in the Helpline Healing and Reconciliation Model Agreement between men who, as boys, were physically and sexually abused in St. Joseph's and St. John's Training Schools. He recorded the stories of those touched by the abuse in a book titled *The Search for Healing, Reconciliation and the Promise of Prevention*. Ben is currently active in violence prevention and reconciliation in British Columbia, in Guinea-Bissau, West Africa, and in Sri Lanka. From 2000 to 2003, he was Director of the Conflict Resolution Program at The Carter Center, acting as former President Jimmy Carter's representative, focusing on efforts to end the nineteen-year-old war in Sudan and to promote reconciliation in Northern Uganda. Dr. Hoffman is called upon to provide mediation and peace-building advice and to lecture to a wide range of clients throughout the world.

Dr. Peter Jaffe (London)

Peter is a Professor in the Faculty of Education at the University of Western Ontario. He is a clinical psychologist with extensive experience working with child sexual abuse victims. He has been involved in both teaching and research in this area, has a substantial research and teaching background, and is an accomplished public speaker. Peter also serves his community on the Thames Valley District School Board as a Trustee, and has twice served as Chair of the Board. He grew up in Montreal, but now lives in London, is married, and has four sons.

Gail Kaneb (Cornwall)

Gail is a businesswoman and a certified Shadow Work® coach who works extensively with the Young Presidents' Organization and several philanthropic organizations, including some focusing on aid in developing countries. She helps people and organizations reach their full potential by leading them to address areas where they may block themselves. As President of Breakthrough Strategies, Gail shares

leadership, communication, and conflict-management strategies used in her own business as well as her family life as a spouse and parent of three. Gail has founded and sat on numerous community boards. She and her husband, Tom, were co-chairs of the “Our Hospital, Our Future” fundraising campaign and have received honorary diplomas from St. Lawrence College for their work in the Cornwall community. She and her husband were made Cornwall Citizens of the Year in February 2009.

Philip Murray (Ottawa)

Phil was Commissioner of the RCMP between 1994 and 2000, retiring in September 2000. He holds a Bachelor of Business Administration and Certificate in Personnel Administration from the University of Regina, Saskatchewan. He is a graduate of the Canadian Police College Advanced Police Studies Program, and a graduate of the United States FBI National Executive Institute. Phil served with the RCMP for thirty-eight years, experiencing a broad range of operational policing and management responsibilities, progressing from a uniformed peace officer to the most senior position of RCMP Commissioner. While Commissioner, Phil championed restorative justice, alternative dispute resolution (ADR), and mediation as important concepts in the justice system and in the RCMP response to community problems. Since retirement, Phil has served as a member of the Research Advisory Committee for the Ipperwash Public Inquiry. He also serves his community as Chair of the Board of The Ottawa Hospital, member of the Board of Garda World Security, member of the Board of the Pearson Peacekeeping Centre, and Honorary Patron for the RCMP Heritage Centre.

The Advisory Panel also initially included one individual who had to withdraw from the Panel for reasons of personal health: Father John Allan Loftus of Boston. Father Loftus is a psychologist and professor, and has taught and practised in Ontario and the United States.

Those Working in Phase 2 at this Inquiry

Colleen Parrish, Director of Policy, who also chaired the Advisory Panel, led the team working on Phase 2 at this Inquiry. Her Counselling Support and Witness Support Coordinator was Patrick Lechasseur. Those carrying out responsibilities in respect to financial administration of those programs included Lori Loseth and Lori Beaudette, Administrative Assistants, and Lise Kosloski, Manager, Finance & Administration. Policy analysis, research, and Advisory Panel liaison

was performed by Angela Long, Policy Analyst. Lori Loseth was responsible for event coordination and numerous other support and document creation activities. Anna DeVuono, Manager, Finance & Operations, and Djordje Sredojevic were responsible for website management. All of the team had responsibilities in various areas, backed each other up, and worked as a team to meet their responsibilities.

Those involved in Phase 2 work have indicated to me that they found this work very worthwhile, particularly providing help and support to individuals affected by the Cornwall Public Inquiry.

Phase 2 Website Information

The Phase 2 part of this Inquiry's website held comprehensive information on training, workshops, and public meeting opportunities. It also held information regarding access to Counselling Support, Witness Support, and informal testimony. Research papers were made publicly available, as were accounts of workshops where the papers were discussed. Where available, presentations were also posted. Minutes of public events were put online so that those who did not attend could keep current. My regular update statements were posted to our website. The goal of full public transparency has been met by the detailed information provided and kept current on this Inquiry's website.

The information base provided by this Inquiry website supported the community and professional dialogue important to community reconciliation and the development of public policy. It permitted those who were interested in the ideas and issues being debated but who were from outside Cornwall to be informed and to participate.

Information on the Phase 2 website represents not only a research legacy of interest to the public, policy makers, and researchers, and the media, but also a support for the dialogue necessary to community reconciliation and public policy change. To facilitate this ongoing role, the website of the Cornwall Public Inquiry (www.cornwallinquiry.ca) will remain active for some period after the end of this Inquiry. Thereafter, the Ministry of the Attorney General will provide access to the report of this Inquiry through the Ministry's website.

What Is Covered in the Phase 2 Report of the Cornwall Public Inquiry

Organization of the Phase 2 Report

The Phase 2 Report starts out with the community of Cornwall. It looks at the prospects for healing and reconciliation and details an interconnected plan for sustainable change, stretching over a five-year period.

This report also goes beyond Cornwall to look at professional education and public awareness. It addresses policy and legislative change that could be province-wide in impact and considers programs and services throughout Ontario. This area includes a review of policy and program issues that arose in workshops and research papers.

There are separate chapters on both Witness Support and Counselling Support, innovative programs here at the Cornwall Public Inquiry. The chapter on Counselling Support addresses my recommendations for transition with respect to those approved for counselling through the Cornwall Public Inquiry.

The Report concludes with a summary of my Phase 2 recommendations and appendices listing all research papers and Phase 2 events.

Informal testimony is set out in a separate volume of my Report.

References Used in the Phase 2 Report

Research Papers Commissioned by this Inquiry

A list of all the research papers commissioned by this Inquiry is provided in Appendix A. All of these were made available on this Inquiry's website in the section on Phase 2. These are also available on the Inquiry CD released with this Report. These are referred to in the Phase 2 Report as "Inquiry research papers."

Phase 2 Projects by Parties

A list of Phase 2 projects or papers prepared by parties to this Inquiry can also be found in Appendix A. Any papers were posted on this Inquiry's website and are also on the CD that was created to include all reports of the Cornwall Public Inquiry and research reports. These are referred to in the Phase 2 Report as "party research papers."

Phase 2 Events

A list of Phase 2 meetings, workshops, "town hall" meetings, outreach initiatives, and training and educational events is found in Appendix B. Minutes and presentation records of many meetings and events were posted on this Inquiry's website. These activities will be referred to as "Phase 2 events."

Phase 2 Submissions by Parties

The written closing submissions of the parties in respect to Phase 2 were made available on this Inquiry's website. These are referred to as "Phase 2 party submissions."

Public Submissions on Phase 2

Submissions in respect to Phase 2 by those who were not parties are referred to as “Phase 2 public submissions.” These submissions were made available for viewing at the offices of the Cornwall Public Inquiry and circulated to all parties.

Informal Testimony

The summaries of non-evidentiary accounts of personal stories and perspectives received by Advisory Panel members as part of Phase 2 are set out in Volume 3 of the Report of the Cornwall Public Inquiry. These are referred to as “informal testimony.”

Prospects for Healing and Reconciliation

What Is Community Healing and Reconciliation?

Almost as soon as I had established my Advisory Panel in July 2006, the Panel reached out to the Cornwall community. Extensive meetings, large and small, gave opportunities to understand the community's perspective on the task set by the Government of Ontario in respect to Phase 2 of this Inquiry.¹ In starting this work, two questions were consistently asked: "What do you think community healing and reconciliation would look like?" and "What would be needed to foster community healing and reconciliation in Cornwall and Stormont, Dundas and Glengarry?"

In looking at healing, a significant number of people said they thought healing was personal, not something a community could experience. An individual might heal as a result of counselling or group therapy or participation in mentorship. He or she might heal in one-on-one meetings with institutions if an apology was given or there was at least expressions of empathy for past circumstances or regret for certain conduct. A survivor might heal if there was validation and acknowledgement of that individual's past sufferings and personal accomplishments. A person might heal if given the opportunity to tell of his or her difficult life journey, in a private setting with a group of compassionate listeners. Professionals might heal if given the training and tools to excel at challenging aspects of their work related to sexual abuse or if they were exonerated of wrongdoing. Some people did think that this culmination of individual healing could be part of community healing, reasoning that if the community as a whole saw that those hurt in the past had achieved personal healing, this could have a healing effect on the entire community.

1. See Appendix B for a list of community meetings; summaries of what was said at each meeting were posted on our website. Ideas discussed in this Chapter are referenced in these meetings.

Others situated community healing more as an outcome of projects or resource infusion. Their argument is that if the community sees itself as resourced to implement activities and actions to sustain a vibrant and caring community, this would be healing. If Cornwall is seen as a place of innovation and leadership, this new identity would heal a community that has felt the sting of notoriety. If there is a sense of momentum, pride, and excitement, if there are interesting and inclusive events to look forward to, this would result in a healed community. Many saw that kind of healing manifest in community renewal—an explosion of positive projects and events re-knitting bonds of cooperation and goodwill.

There is a third sense of community healing, the idea that the harm that has occasioned any need for healing should be identified and then a public apology given. In this vision of healing, community leaders and institutional heads would acknowledge to the community that any shortcomings in the past had hurt not only individuals, but the community as a whole. With this acknowledgement would come undertakings by leaders to make or sustain changes on behalf of the community.² For some, this would entail community events with a focus that was both commemorative and forward-looking. Others sought the creation of a symbolic place of remembrance as well as events of acknowledgement. Community events were described variously, from an educational or professional-training day to more joyful events focused around youth, such as an awareness day that could engage students in contributing with appropriately themed music, art, short stories, or poetry. It was suggested that these student creations could be combined with the art or creative writing of adult survivors. Other ideas included a community-wide “open doors” event that would include facilities serving those who were abused in order to welcome and integrate survivors within the community. Creative ideas included a Cornwall-wide garage sale with a percentage of the money raised donated to organizations providing services to adult survivors, as both an enjoyable event and a way to engage a wider population. Last, but not least, there were suggestions that remembering those who have suffered abuse should be woven into community events. This occurred when the Water Garden memorial was dedicated in Walkerton, following the tragedy in that community related to its water supply that led to the Walkerton Public Inquiry, presided over by Commissioner Dennis R. O’Connor.³

2. See, for example, the Phase 2 submissions by Citizens for Community Renewal, p. 2.

3. Governor General Adrienne Clarkson dedicated the memorial on June 16, 2001 before a crowd of 1000 people, saying: “We see you have put on a brave face, especially when heartache and pain are still so close and so widely felt. Yet you are determined to look ahead to the future. And we are all—your fellow citizens—inspired by you.” CBC digital archives.

Creation of symbolic spaces of remembrance was also identified as potentially contributing to community healing. Such spaces were variously described as a community garden or facility, such as a family beach or a basketball court, and as a permanent memorial, but one of value to the whole community.⁴ A specific memorial to survivors was also raised as an idea,⁵ combined with a day of remembrance or recognition or with some of the community events previously described.

Reconciliation was most consistently described as the restoration of positive relationships. For institutions, this was usually referred to as restoration of trust in the ability of institutions to act in the best interests of clients and the public.⁶ Some observers saw reconciliation as also involving increased inter-institutional interactions and cooperation or more collaboration between service providers, demonstrating a willingness to be more flexible to help those needing assistance.

Reconciliation was also described by some as coming to terms with the past. Once an authoritative account of the past is articulated, it was reasoned, the discord associated with having substantially different community histories would dissipate. This could result in greater willingness to work as a community and a stronger consensus on what was needed for the future.

Reconciliation was also seen as being about future progress. In this vision, whatever historical or current disagreements have existed about the interpretation of past events, if there was consensus about what to do in the future, this could constitute an environment of reconciliation. As the community worked together on projects, activities, and processes, there would be opportunity for restoration of frayed relationships and building of new ones. This idea of inspirational projects and shared initiatives was one where the ideas of healing and reconciliation converged most frequently.

Those who saw healing as personal and did not embrace the idea of community healing still saw reconciliation as an independent goal applicable to the community as a whole. Whatever the views on either healing or reconciliation, it was generally seen in the community context as being a process, a journey and not a destination, and a journey that has started but still has some way to go.

4. See, for example, the ideas set out in the minutes of the neighbourhood meeting held September 13, 2007, p. 3.

5. See, for example, Phase 2 submission of the Victims' Group, p. 8, and Phase 2 submission of Citizens for Community Renewal, p. 5 and Appendix D.

6. See, for example, the Phase 2 submissions by the Children's Aid Society of the United Counties of Stormont, Dundas & Glengarry, p. 1.

What Has Been Done to Foster an Environment of Healing and Reconciliation?

The Mandate of This Inquiry

When the Government of Ontario established this Inquiry, it created a unique mandate to “report on processes, services or programs that would encourage community healing and reconciliation.”⁷ This was an essential objective for the work of Phase 2. In undertaking this mandate, my Advisory Panel and I had to consider how we could assess for others what could create an environment that would encourage healing and reconciliation. One obvious way was to engage the community in its own definition of what would be helpful. As we started out on this endeavour, it was clear that we could not move immediately to a formulaic list of initiatives that if put together would lead to the desired outcome. This was because work had to be done to reach that stage where those affected were ready to talk to one another about a collective future. My Advisory Panel reported to me initially that many individuals and organizations were not yet at that stage. For example, some survivors indicated they could not attend meetings if representatives of certain institutions were present; at the same time, some institutional representatives indicated they could not meet with those they saw as taking an adversarial position toward them. To identify workable and acceptable recommendations for healing and reconciliation, we first had to foster an environment in which talking about a shared future was even possible.

This reality meant taking a more active approach in Phase 2 and recognizing that creative, sensitive, and reiterative processes for discussing community reconciliation and healing were integral to any well-founded recommendations. As I explained in a statement I made at a town hall meeting on May 2, 2007:⁸

In the course of working out Phase 2 we may “try out” various ideas and approaches. Some may turn out to not be right, and some may not be right immediately but can grow over time. And some ideas may not work out but were really worth talking about or trying. Here is where we take some more chances—with each other, with ideas, with the hard work of building consensus and respecting differences.

Throughout Phase 2 we made efforts to foster a receptive environment for discussion, so that ultimate approaches to healing and reconciliation, as they emerged from the community, would have support and be practical for future

7. Order-in-Council 558/2005, April 14, 2005. This Order-in-Council was posted on the website of the Cornwall Public Inquiry.

8. Statement of Commissioner G. Normand Glaude, May 2, 2007.

implementation. Our processes were designed to ensure that recommendations for specific initiatives for Cornwall and Stormont, Dundas and Glengarry were not theoretical imports but “made-in-Cornwall” solutions, with “come-from-Cornwall” champions. This was why much of the work of my Advisory Panel involved outreach to various parts of the community—to find and support those solutions and champions.

Working Toward Community Healing and Reconciliation

To foster an environment in which people could come together to identify initiatives for community healing and reconciliation, we embarked on a process to begin a necessary community dialogue. In this, the Advisory Panel and I were fortunate in having the advice of Dr. Ben Hoffman, an experienced international peacemaker and member of my Advisory Panel.

The Advisory Panel members started by holding a series of smaller convening meetings across the Cornwall area.⁹ They met separately with institutional representatives, service organizations, survivors, professionals, municipal representatives, and so on. The idea was to allow people to meet in a private way, where they could feel comfortable saying whatever they wanted, without concern about criticism or having a formal record. The Advisory Panel began to see themes and project ideas emerge.

The next step was to widen the dialogue. One way to do this was by having larger “town hall” meetings. Our first town hall, held May 7, 2007, with the theme of “Building Hope, Trust and Pride,” permitted a focus on Phase 2, since the start of Phase 1 evidentiary hearings had led to an understandable focus on Phase 1. The first town hall featured a presentation by Dr. Peter Jaffe aimed at creating a shared understanding of common responses to sexual abuse of children and young people. This inspired participants to be more open and willing to talk to one another. Dr. Jaffe’s presentation also clearly pointed to a barrier for reconciliation: that some people do not see the need for healing, do not accept that the impact of childhood abuse can be sustained over a lifetime, and do not understand why people do not “just get on with life.” Acknowledgement of this barrier is an important step toward its removal.

From the town hall meetings came a number of ideas that many people were interested in pursuing to see if consensus could be developed. A group called PréVAction arose from that interest. I understand that the group’s name is intended to communicate the members’ primary interest in taking action on prevention of the sexual abuse of children and young people. PréVAction members aspire to

9. See Appendix B, Cornwall Public Inquiry Events, Phase 2 Convening Meetings with the Advisory Panel.

be catalysts for change—to take ideas to reality. Members of PrévAction made a significant five-year commitment to working as catalysts for community renewal, education, and caring initiatives in their community.

By the time PrévAction had emerged, we had already found that people were saying that dialogue was good but that Phase 2 should not be “all talk and no action.” This was reinforced at neighbourhood meetings held in various locales in Cornwall. While many people saw that talking had value in itself because it could start to change relationships and develop consensus, there began to be a sense that more was needed in advancing ideas identified by the community.

One of the outcomes of neighbourhood meetings was that the Cornwall community was developing its own parameters for Phase 2 initiatives. For example, many were concerned that there be recognition that made-in-Cornwall solutions had to work for a smaller centre. This theme was reflected in the minutes of a neighbourhood meeting held at Viscount Alexander School:¹⁰

It was emphasized that we find solutions for healing and reconciliation that fit the small-town reality of Cornwall. For example, in smaller communities we have to think more of multi-purpose centres rather than single-purpose ones. Cornwall is not able to support single-purpose centres. It was proposed that groups and services share resources better.

Interestingly, by the time neighbourhood meetings were held, many of the individuals who had indicated in the past that they were not comfortable in meetings with certain “others” were attending meetings together. In many cases, they found some common ground, or found they could disagree or listen respectfully to the views of others. As part of the process of expanding community discussion, Advisory Panel member Gail Kaneb briefed Cornwall City Council on Phase 2 on August 13, 2007.

At the same time as momentum was beginning to build regarding projects or services to support healing and reconciliation, the Advisory Panel gave me advice, which I accepted, regarding the need for greater support for survivors. Unlike institutions or service organizations, survivors do not have the infrastructure to support their efforts; they do not have meeting space, computer equipment, or staff. This meant that survivors felt disadvantaged in putting their case to this Inquiry for Phase 2 programs or services or in talking as equals to institutions or service organizations. It was essential to address this to ensure that solutions for community healing and reconciliation would integrate survivor perspectives.

10. Minutes of the neighbourhood meeting held September 13, 2007, p. 4.

One initiative was the funding of a pilot mentorship program in Cornwall. The training was provided by The Gatehouse[®],¹¹ a respected Toronto organization with many years of experience in mentorship activities. Survivors in the Cornwall area were trained to provide friendship and support to other survivors of sexual abuse. The mentors benefited from structured training to expand their understanding of the life journey after sexual abuse and to strengthen their skills in helping others while operating within appropriate boundaries and with necessary safeguards. Today there are eight men and women volunteering as mentors in Cornwall. In addition to the mentorship program, I authorized funding of leadership training for survivors. This training gave participants skills in working with other survivors to advance the interests of survivors as a group. Those involved in mentorship and leadership training benefited from working with Advisory Panel member Janet Handy, whose professional and personal experiences provide an exemplary role model and advanced survivor leadership in Cornwall. In all these activities, I wanted to give survivors the tools to work with institutions, community groups, and service organizations.

Survivors certainly responded to opportunities. The Survivor Leadership Team put forward a proposal to do their own research on what survivors needed in Cornwall to support healing and reconciliation.¹² At the same time as they worked on this research project, they held weekly drop-ins at a Cornwall location, welcoming other survivors to evenings of fellowship. Since social isolation is a common experience for those who have a history of abuse, such activities contribute to the healing inherent in breaking down social isolation.

Work was also being pursued by PrévAction. As part of Phase 2 research, this organization was funded to provide research on various possible initiatives identified by the community for community reconciliation and renewal. One of the very helpful activities PrévAction pursued was a series of community consultations involving over fifty organizations at eight separate meetings.¹³ This allowed the testing of possible Phase 2 initiatives with those who would have valuable insights and information. As one participant commented, “Love that

11. The Gatehouse is a child abuse investigation site, offering a home-like environment for disclosure of abuse by children to police and child welfare authorities. The Gatehouse also provides support services for adults whose lives have been affected by abuse, building on the resilience of these adults. The Gatehouse is located in a historic building in the Lakeshore area of Toronto, and has been in operation over ten years.

12. Survivor Leadership Team, “Research and Feasibility Study: The Adult Community Healing Resource Centre,” (Inquiry action research project, January 31, 2009).

13. PrévAction, “Report to Phase 2 of the Cornwall Public Inquiry,” (Inquiry action research project, September 26, 2008), p. 4; a summary of the Community Leaders Consultation Forums is set out starting at p. 44.

the invitation from PrévAction was launched to service providers. Important to *ask people what they think.*"¹⁴ What was interesting to me was that, at this stage, Commission staff were no longer directly involved in these meetings. The community was having its own discussions about the desired outcomes for Phase 2 of the Cornwall Public Inquiry.

Another group of exceptional local individuals had also come forward—Shelter 2015. Under the leadership of Glen Grant, with staff support from Jamie Marsolais, they worked on researching what might be involved in establishing a flexible shelter arrangement in Cornwall.¹⁵ We had reached a stage where the community was starting to define its own Phase 2 vision.

To continue open lines of communication, all research reports were posted on our website, as was a summary of every town hall and neighbourhood meeting. This permitted all those who were interested to know what was being said and done.

While activities were building to get information about possible projects for the Cornwall area as part of the healing and reconciliation mandate, we were aware of an additional impediment that needed to be addressed. In some cases, progress was stalled in developing consensus because certain relationships had been so damaged that necessary conversations were not happening. Some individuals were interested in seeing if repair was possible but lacked a structure or process for this to proceed. As a result, I authorized Advisory Panel members Jan Handy and Ben Hoffman to make themselves available for individual or group facilitation or mediation activities. These included convening conventional meetings but also included healing circles. As well, nine one-on-one mediations were worked on, five of which proceeded. This work added a needed element in fostering an environment in which some consensus was possible on the processes, services, or programs for community healing and reconciliation. It was also part of a cumulative process that led to the development of some partnerships, as individuals and organizations found goals that were inspirational and ways of engaging to make progress on mutual goals.

What Is Needed to Foster an Environment of Healing and Reconciliation?

Some of the foundations for community healing and reconciliation in the Cornwall area are already present. If given further support and time, they can result in a significant difference in community environment and outlook. I would like to

14. Ibid., p. 44.

15. Shelter 2015 Committee, "Report: Research Proposal for an Emergency Shelter in Cornwall, Ontario," (Inquiry Phase 2 research project, December 10, 2008).

address both these promising foundations and outline the support and time needed for community healing and reconciliation.

The presence of a group of survivors willing to work with others in the community is essential. Through mentorship and leadership training, and through the efforts of survivors themselves, a group has emerged. They have started a process for supporting survivors and for talking with community organizations and institutions. As I indicated in Chapter 1, no solution will be successful without survivor engagement. No matter how well meaning, others cannot define what survivors need. In addition, there is dignity and healing in contributing to the work of helping others.

In Chapter 3, I make specific recommendations for support for an Adult Community Healing Resource Centre that will create a place and focus for survivors in Cornwall and area. Support for these services is essential for community healing and reconciliation, but not sufficient. Survivors also need to be engaged with others in the community if there is to be community reconciliation. Through the process of working together, relationships can improve. Through the process of observing and experiencing the sincerity of the motives of others, respect and regard can replace distrust.

A second foundation present in the Cornwall community is PrévAction. This group has membership from both local institutions and the broader community. Its goal is to act as a catalyst for change—not necessarily to implement change or to lead change, but to take whatever role is needed to move from vision to reality. In doing this, PrévAction has demonstrated the willingness and ability to work with local institutions and the broader community, but also, most importantly, to work on respectful and constructive relationships with survivors.

In Chapter 3, I make specific recommendations for support for PrévAction to continue its work as a catalyst and as a partner with survivors. Again, support for this process is essential but not sufficient for community healing and reconciliation. The energy and expertise within PrévAction needs to be brought to community priority setting and process management so that the resources available for community healing and reconciliation are judiciously employed and enhanced. Because actions speak for themselves, good example and the demonstration of sincere motivations can build rapport and relationships of mutuality.

A third foundation is present in the Cornwall community: the Cornwall campus of St. Lawrence College. St. Lawrence College has a vision to create a Centre of Excellence in Cornwall, providing education to those serving adult survivors and children and young people who have a history of sexual abuse. They want to train professionals in a post-diploma program, provide summer institute sessions for intensive specialization training, and establish a research capacity. They intend to provide placement opportunities at Cornwall service agencies, benefiting students and agencies. As well, St. Lawrence College plans to include survivors

in designing curriculum and in speaking to students. In this way, perspectives of survivors are, as is necessary, included and honoured. One goal for the College is that survivors who are able to do so may become students themselves, blending professional training and personal experience in service to other survivors. The College could also be a focal point for a special lecture series open to all professionals in the community, continuing some of the education and training done by this Inquiry.

In Chapter 3, I make specific recommendations for support to St. Lawrence College for a Centre of Excellence in Cornwall. Again, I view support for this program as essential to community healing and reconciliation, but not sufficient. Engaging an educational institution committed to working with survivors integrates and expands the impact of community reconciliation. Over time, expectations and understanding shift and the work of catalysts may end, but an education focus in a community sustains change.

A fourth contributor I would identify for community healing and reconciliation is found in the organization Citizens for Community Renewal, a party to this Inquiry for both Phase 1 and Phase 2. I have found the interest in Phase 2 expressed by this organization to be genuine and constructive; I have greatly appreciated this. In any future activities, the perspective and energy of this organization should not be lost to Cornwall and area. While Citizens for Community Renewal made no funding requests for itself, it showed support for several survivor-based and community-based initiatives.¹⁶ Representing another well intentioned and well informed voice from the community, its continued participation will certainly contribute to a future of healing and reconciliation.

It is my conclusion that if these four groups were brought together, they could represent a positive force for community healing and reconciliation. I have specific recommendations for how these groups could work together, while preserving priorities and goals of their own.

The mechanism I see for working together for community healing and reconciliation would entail the provision of a dedicated fund of \$5 million from the Government of Ontario. I see this as an informal type of Reconciliation Trust, with the representatives of the organizations mentioned acting as its informal trustees. They would have the ability to draw on a small part of the funds to operate and to report regularly to the broader community. Given past positive experience, I also see the value in permitting this group to retain a facilitator to assist with continued relationship improvements, with the rebuilding of community

16. Citizens for Community Renewal, Phase 2 submissions: "Healing and Reconciliation" (February 20, 2009); the CCR supported a Child Advocacy Centre for Cornwall, a safe house for men, a Survivor's Memorial, and the creation of a community development corporation with a catalyst for community renewal and promotion of greater inclusion.

trust. Indeed, I would suggest that this *should* be done, at least for some period, because a facilitator could be a consistent source of information and guidance and a mechanism for exploring responses to requests for meetings, one-on-one discussions, or healing circles, as may be needed or desired in the process of community reconciliation. Others have also suggested some type of facilitator was needed. Variations on this idea were put forward, for example, by Bishop Paul-André Durocher, Bishop of Alexandria-Cornwall,¹⁷ and by the Citizens for Community Renewal.¹⁸ However, it should be within the discretion of the group to determine who should be selected as a facilitator. The group would also make decisions, within certain parameters, regarding how money should be allocated to advance community healing and reconciliation. It would establish, in discussion with those providing the funding, an appropriate governance structure, concerning such matters as the number of appointees from each organization, the rules for calling and chairing meetings, and the processes for decision making. The group acting on behalf of the Reconciliation Trust would certainly need to set priorities—whether money should flow to certain services or provide certain needed capital funding for programs. Through making these decisions as a group, any sense of exclusion is lessened and common purpose is built.

I am not being unrealistic in this proposal. Of course, it is not easy to set relative priorities, and \$5 million does not represent unlimited largesse. But the alternatives are not desirable: decisions get made outside Cornwall and area, or there is no funding to build healing and reconciliation and, as a result, the work started is not sustained. I identify, in Chapters 3, 6, and 7, recommendations for monies for worthwhile services or programs that would be carried out by local Cornwall organizations. I do, however, view some areas as being more appropriate for community decision making. Whatever my personal views are—and I add I have always felt positive about youth drop-in centres—I see a decision to fund aspects of the Boys and Girls Club as something I would want to empower those in Cornwall to do.

As well, there were numerous proposals put forward in Phase 2 public and Phase 2 party submissions. These ranged from youth symposiums to continuing excellent training and services given by S. D. & G. Developmental Services, and from establishment of a survivors' memorial to enabling various training and educational opportunities. There were general requests to ensure that more service and program support would be distributed to the rural areas of Stormont, Dundas and Glengarry. Individually, these may all be worthy ideas, but I do want

17. Paul-André Durocher, testimony, September 2, 2008, transcript pp. 143–44; he calls it an “ombudsman”.

18. Citizens for Community Renewal, Phase 2 Submissions, February 20, 2009, pp. 6–9.

to emphasize that community healing and reconciliation should be about community choices, and not only my choices. While I hope that the Reconciliation Trust membership will give consideration to ideas in Phase 2 public and Phase 2 party submissions, it should also be free to consider other ideas. An example could be the provision of training on making apologies that meets everyone's need, an area of education I discuss in Chapter 5. In any event, it is particularly important that there be the flexibility to respond to locally identified needs and to make room for creative approaches that emerge two or three years into the journey of community reconciliation.

I specifically want to address suggestions made in the Phase 2 public submissions that funding be made available for translation into French of protocols or other materials. Since Cornwall is a designated bilingual area, I was surprised to hear that this was an issue. Any materials generated through the work of the Reconciliation Trust should be available in French and there should be bilingual services. Through Phase 1 testimony and my review of informal testimony, I am aware that many individuals affected by abuse in Cornwall are French-speaking. There should be capacity in the funding of initiatives for community reconciliation to ensure that materials are produced in both French and English and that services are bilingual.

In setting out the parameters for initiatives for community healing and reconciliation, I want to focus on direct services but give some limited discretion for capital approvals to support services and contribute to community renewal. Some capital expenditures are needed to create the infrastructure for programs and services, and so should proceed. However, with a limited overall envelope of funds, monies available should not be entirely consumed by capital projects. In addition, capital projects should be directly related to needed services or programs.

One responsibility that I propose for inclusion in the mandate of the Reconciliation Trust is the creation and awarding of Reconciliation Scholarships. These scholarships for survivors would help those whose education was disrupted to obtain the equivalent of a high school diploma or attend St. Lawrence College in Cornwall to get training that could lead to better employment prospects and a sense of personal accomplishment. I would hope that survivors making the effort to change their lives through education would also benefit from mentorship and friendly encouragement from those organizations involved in determining scholarship recipients. I would note that the scholarship program is the only area for which I have supported payments to or on behalf of individuals. Some have suggested that other payments be made to individuals involved with the Inquiry in various capacities; I do not recommend this but have followed the mandate of

Phase 2, which was to consider processes, services, and programs for the community and not individual compensation.

In looking at provision of resources, I also considered the time needed for use of those resources. I have already indicated that community healing and reconciliation is a journey over time and there is no fixed period for it to occur. However, I have chosen a period of five years for the work of what I have termed the Reconciliation Trust because it is long enough to accomplish quite a bit but not so long that the process becomes unwieldy and the connection to this Inquiry too remote. I know that some start-up time will be needed after the release of this Report and any subsequent decisions by the Government of Ontario. Any time period recommended must allow for that start-up. In some cases, expenditures may be of a capital nature; therefore, enough time must be provided for capital projects to be completed. Awarding of scholarships will involve a process of invitation to applicants and assessment of candidates; some time is needed for this to occur. Five years is a reasonable time period, taking all this into account.

In summary, I see the recommendations for community healing and reconciliation as building on existing foundations, facilitating local decision making, and providing reasonable resources and a fixed time to act. Since there is momentum building in the community, I would suggest that decisions be made as soon as possible, so that this momentum is not lost. The time and resources are not unlimited, but I hope the goodwill and commitment to community healing and reconciliation can be.

Recommendations

1. The sum of \$5 million should be provided by the Government of Ontario to support community healing and reconciliation in Cornwall and Stormont, Dundas and Glengarry for a period of five years.
2. A specific public servant should be designated by the Government of Ontario to act as a liaison between those accountable for decisions on initiatives to be funded and the Government of Ontario to ensure adherence to reasonable expectations for financial management and accountability for public funds and the establishment of governance mechanisms.
3. Those responsible for making decisions on initiatives to be funded, and for purposes of accountability and reporting to the Government of Ontario and to the people of Cornwall and Stormont, Dundas and Glengarry, should be representatives of the following organizations,

working together: The Survivor Leadership Team; PrévAction; Citizens for Community Renewal; St. Lawrence College, Cornwall campus.

4. The scope of initiatives that can be approved from the \$5 million should be those that can be completed by the end of a five-year period and directed to events, activities, or organizations in the Cornwall and Stormont, Dundas and Glengarry area for:
 - a. support of adult survivors of sexual abuse that occurred when that adult was a child or young person;
 - b. prevention of the sexual abuse of children or young people, including the building of resilience and a sense of inclusion for children and young people;
 - c. provision of support and assistance to children, young people, and their families when abuse does occur;
 - d. continued education for professionals or employees of local institutions so they may better support or respond to adult survivors or better understand and respond to the impact of sexual abuse of children and young people, providing such education is inclusive and not for only one institution or organization;
 - e. public awareness of the impact of sexual abuse and education for students and staff at local schools; and
 - f. any space or place of recognition or event of recognition related to sexual abuse of children and young people, current and historical.
5. Expenditures that can be authorized should be able to include costs for provision of French-language materials for any initiative approved.
6. Approvals for capital projects should be limited to \$200,000 to any one organization over a five-year period, and the capital must be expended by the end of the five-year period established to support community healing and reconciliation.
7. Among the expenditures that the group may approve are up to five annual Reconciliation Scholarships for adults with a history of sexual abuse experienced in the Cornwall or Stormont, Dundas and Glengarry area who wish to obtain the equivalent of a high school education or to upgrade their education by attending St. Lawrence College, Cornwall campus.
8. In addition to considering and approving specific initiatives in Cornwall and area, the group should retain a facilitator or community-development resource of their choice to assist in relationship building and should have discretion to retain appropriate administrative or management assistance to support their work from the money allocated by the Government of Ontario. The costs of any retentions and overhead

should not exceed 10 percent of the monies set aside for the work of community healing and reconciliation over a five-year period.

9. The group responsible for decisions should provide an annual report in both French and English to the people of Cornwall and Stormont, Dundas and Glengarry to detail the services, programs, and capital expenditures that are proceeding and being planned, and the basis of decisions for expenditures.

A Five-Year Plan for Sustainable Change

The Sum of the Parts Is Greater Than the Whole When Effecting Change

In Chapter 2, I proposed a mechanism to promote community decision-making regarding projects or services for community healing and reconciliation. I suggested parameters for financial approvals but left discretion for local determination. I recommended establishment of a period of five years for the duration of the work and recommended funding in the amount of \$5 million. I identified this approach because it had the potential to provide flexible support for necessary community healing and reconciliation, responding both to needs that people in Cornwall and area would champion today and to ideas and opportunities that might emerge as time passes.

However, I have also identified several key initiatives that in my view are cornerstones for change. They warrant separate consideration and recommendations for support. These initiatives, working together, would generate momentum in reconciliation. They could be a source of community pride, showcasing both innovation and progressive response. By demonstrating action, those involved could justly point to concrete actions to rebuild trust to better serve those who have been sexually abused and to prevent abuse in future.

All the specific proposals in this chapter emerged because of the work done to open up the dialogue that I discussed in Chapter 2. None of the initiatives had currency prior to the advent of this Inquiry, but they have grown and been developed to the stage where their viability can be assured if financial support is provided. They are no longer dependent on the impetus provided by the Advisory Panel and Commission staff in order to advance and succeed. They have significant local support, and their supporters have demonstrated the ability to meet their commitments.

Together with the recommendations made in Chapter 2, the services, processes, and programs recommended in this chapter constitute a solid infrastructure for community healing and reconciliation. I have selected these services and programs because their interaction creates an impact that is greater than the sum of the individual components. The recommended initiatives reinforce each other over a time period of five years and represent foundations for the task of encouraging community healing and reconciliation.

Adult Community Healing Resource Centre

A proposal for an Adult Community Healing Resource Centre emerged from a group of survivors of sexual abuse. Some of these individuals participated in mentorship training provided in Cornwall by The Gatehouse®, a Toronto-based organization with extensive experience in peer support. They also committed to leadership training to better equip themselves to assist survivors and to enter into discussions with local institutions and organizations about survivor needs. The Survivor Leadership Team has gone beyond training to hosting, on a volunteer basis, a weekly drop-in for survivors, in recognition that secrecy and isolation can be among the most debilitating impacts of sexual abuse and that fellowship among survivors reduces both.

The Survivor Leadership Team was provided with Phase 2 action research funding to develop its own proposal to meet survivor vision and needs in healing and reconciliation. Their report was posted on this Inquiry's website and is included on the CD of research commissioned by this Inquiry.

As background to the request made by the Survivor Leadership Team, their report sets out their understanding of one of the impediments to survivors working with others in community healing and reconciliation:

The journey of the victims within Phase 2 has been fraught with several issues. First and foremost is the perceived disparity between those in power who have societal authority and therefore the institutional infrastructure of buildings, constitutions, mandates and funding to support their causes, and those “without” such amenities, who, as one survivor puts it, “... stand on street corners to meet.” The second disparity is between those with an educational background and those without formal education. The third is the prevailing perception that all abuse has occurred from the institutions toward the vulnerable with the assumption that the vulnerable are helpless to change institutional responses toward victims.¹

1. Survivor Leadership Team, “Research and Feasibility Study: The Adult Community Healing Resource Centre,” (Inquiry Phase 2 research project, February 5, 2009), p. 3.

The Survivor Leadership Team indicates in their report that over the years, those in positions of trust have misused their authority to abuse children and young people. However, they go on to express the belief that most religious leaders, parents, teachers and other professionals are “worthy and kind individuals”,² willing to change previous processes of exclusion, and support survivor decision-making and healing.

The lack of a physical place for survivors to meet and invite in others is an impediment to progress. The establishment of an Adult Community Healing Resource Centre could reduce this impediment, supporting survivors in working with the community at large. It can also directly address barriers to healing, barriers rooted in social isolation and shamed silence.

As I understand the vision for the Adult Community Healing Resource Centre, it would be a house in Cornwall that would have some office space but that would largely provide a place of fellowship and meeting for survivors and those they invite in to work with them. The Centre would be for adult men and women who were abused as children or young people. The space would create safety for all by not permitting alcohol, sex, gambling, smoking, or illegal drugs on the premises. Indeed, part of the Centre’s intended programming would be regular workshops on the connection between abuse and addictions, to support those working to leave addictions behind. The Centre would also provide mentorship and advocacy services for survivors, especially those who are in a state of anger or grief. Trained survivors would act as role models for others, demonstrating personal resilience, compassion, understanding, and acceptance of others.

The proposal made by the Survivor Leadership Team is viable. A survivor board would have governing responsibility for the Adult Community Healing Resource Centre but it would have a staff member on site, as well as a core group in the executive council that would be responsible for various areas of functioning. The staff member would have some similar functions to the victim liaison service I discuss in Chapter 5, although the position would also have responsibilities specific to the Centre. Working with survivors and the community, the staff member would provide support to individual survivors and the Centre’s governing council. The staff member could also act as a liaison with institutions in fostering the rebuilding of relationships or in finding appropriate services for referral. He or she would maintain information on available services and assist in coordinating workshops, a program of speakers, and healing circles. Trained volunteer survivors would continue to have a significant role in hosting drop-in evenings, in facilitating transportation, and in one-on-one mentorship. There would continue to be leadership training and mentorship training, as more survivors become ready. As I understand it, the space envisioned for the Centre

2. Ibid.

would have offices for staff and the Executive Governing Council for the Centre. There would be a space for meditation, for meetings between mentors and participants, and for healing circles, yoga, art, or music, as part of the healing experience. There would also be an open meeting space for speakers, training, social connection, drop-in, having coffee or pot-luck events. Families, friends and supporters would be welcomed.

The Survivor Leadership Team has a concrete five-year plan. Initially, they plan to rent, a sensible option for establishment of their Centre. They have factored in transportation costs as well, because so many survivors live in rural areas and lack access to transportation. This is an important recognition of service need. Whether a vehicle should be purchased or leased I leave to those providing government funds; however, I do strongly support providing transportation so that survivors living in rural and small-town areas can participate at the Centre. Realistic models must be created to respond to needs of rural areas.

The first full-year costs of this Centre, including rent, initial set-up and renovation, transportation, staff, and programming would be about \$160,000. Subsequent years' costs would be lower if capital purchases were made but similar if rental of a house and vehicle continue. Of course, initial set-up and renovation costs of about \$40,000, to cover things such as office equipment, constructing needed walls, painting, and furniture, would not be repeated. Over a period of five years, depending on rental or capital-purchase decisions, the operating costs would be about \$650,000. This would cover staff costs, the costs associated with maintaining the facility itself, ensuring transportation, running programs, and paying for rent, utilities, and insurance. In the long term, capital purchases of a house or van could reduce operating costs, but capital sums would need to be provided for that to happen. Capital could come from fundraising or from the funds of what I have referred to informally in Chapter 2 as the "Reconciliation Trust."

In looking at the Adult Community Healing Resource Centre, I also examined connected proposals that emerged in Phase 2 discussions and submissions by parties to this Inquiry. One idea was that of a greenhouse garden program.³ If the Healing Resource Centre is established, it could have its own garden connected with its property. I agree that gardening can be therapeutic and can contribute to the enjoyment and environment of this Centre. Over time, and based on the priorities of the Centre's Executive Governing Council and on capital availability, a greenhouse could be constructed. I do not see this as essential for the opening of the Adult Community Healing Resource Centre, but it is a legitimate goal to work toward over time.

3. See Citizens for Community Renewal, Phase 2 Submissions, Appendix C: "Project Safe House."

Two other proposals merit discussion in the context of the establishment of the Adult Community Healing Resource Centre: a possible safe house for men and a possible shelter for Cornwall to provide accommodation to vulnerable individuals, such as homeless sixteen-to-twenty year olds.⁴ There is considerable overlap between the safe house proposal and the Adult Community Healing Resource Centre proposal, with both having survivor-led governance models. I should note that in the consultations conducted by PrévAction, discussed in Chapter 2 of this Report, the idea of the safe house was well received by service agencies. For example, many agencies and professionals indicated that if such a facility existed, they would definitely refer clients to it.⁵ One main difference between the proposal for a Safe House and the Centre proposal is that the Adult Community Healing Resource Centre serves both men and women, while the Safe House is for men only. The second main difference is that the Safe House would have a residential component. In terms of possible service and program offerings, such as incorporation of art, gardening, fellowship, and referrals to community services and professionals through a staff member, the proposals are similar.

The Shelter 2015 proposal also has a residential focus. It also has similar approaches regarding referrals and related programming or services as is proposed for the Adult Community Healing Resource Centre and Safe House proposals. Shelter 2015 would serve both adult men and women, and older adolescents, segregating these different populations in separated residential accommodations. However, I understand that the programming for Shelter 2015 would be run by a local agency with a history of distinguished service to the needy in Cornwall: the AGAPE Centre. The extensive *Shelter 2015 Report*, prepared as part of the Phase 2 research agenda, sets out a detailed approach, including a budget.⁶

In respect to residential components of both the Shelter 2015 and Safe House proposals, there appear to be some serious impediments to proceeding at this time. Some shelter arrangements require municipal agreement, although some may be funded by various Ontario Government ministries or by the federal government. I understand from the Shelter 2015 group that staff responsible for this area at the

4. The Safe House proposal was discussed in the Phase 2 submission of Citizens for Community Renewal, at p. 5 and in Appendix C, "Project Safe House." Shelter 2015 was supported by the Victims' Group; see Victims' Group Phase 2 submissions, February 20, 2009, p. 8. A full discussion of the Shelter 2015 is found in the Phase 2 Research Report, "Shelter 2015 Report: Research Proposal for an Emergency Shelter in Cornwall, Ontario."

5. PrévAction Phase 2 research report, written by Claire Winchester, Research Coordinator (September 26, 2008), p. 31.

6. "Shelter 2015 Report: Research Proposal for an Emergency Shelter in Cornwall, Ontario," was posted on this Inquiry's website and is included on the CD of research prepared as part of the Report of the Cornwall Public Inquiry.

City of Cornwall have expressed reservations regarding the project, in part because of past experiences with a youth shelter. As well, I understand from Inquiry staff that municipal staff have been concerned that there may not be the “critical mass” of people needing services to sustain full funding over time. While there is strong consensus regarding the existence of a service gap in Cornwall for homeless sixteen-to-twenty-years-olds, who are particularly vulnerable to sexual abuse and exploitation, a consensus on a solution has not yet emerged.

Since the lack of consensus is a serious impediment, and since I have adopted a principle of being pragmatic in my recommendations, I do not make specific recommendations regarding a shelter or other program with residential components. Having said that, I note that the work of the Shelter 2015 Committee was of good quality, and I believe program management by the AGAPE Centre organization would be of the highest calibre.

One way of looking at the Adult Community Healing Resource Centre is that it could expand over time. Just as the full vision of a survivor-run community greenhouse might take time to implement, so too a possible residential component could be reconsidered after establishing a successful track record, further assessment of need, and development of consensus on implementation. It is practical to start with a smaller focus, succeed, and then expand when ready.

The establishment of an Adult Community Healing Resource Centre in Cornwall is feasible from an implementation viewpoint and would serve an essential goal for healing and reconciliation: survivor engagement. If such a program were funded, survivors would have the space needed for personal healing and for the interaction with the broader community that could result in reconciliation. While respecting survivor leadership, other organizations are willing to assist, lending expertise, volunteer help, and cooperation. PréVAction has, for example, indicated that this is the case for their organization.⁷

The Adult Community Healing Resource Centre has the components for success and fills an essential need for survivors and the community as a whole. It could ensure a strong contribution by survivors in future change and in rebuilding relationships.

Family and Child Advocacy Centre in Cornwall

To better understand the proposal for the establishment of a Family and Child Advocacy Centre for Cornwall, it is useful to understand child advocacy centres and similar facilities. The idea behind a child advocacy centre is that a child-friendly environment is created separate from the institutional silos of child welfare agencies or police. What happens is that professionals come to the centre

7. PréVAction, Phase 2 public submission, February 12, 2009, p. 15.

to serve the child or young person who has been abused, rather than sending the child or young person to the police station and then to the CAS office and then to the V/WAP office, for example. Some agency personnel, such as police or child welfare workers, may even work on site, on a full or part-time basis. Others might attend as needed, such as Crown attorneys, court personnel, or counsellors. Professor Simon Verdun-Jones described child and advocacy centres in his Phase 1 research paper on youth justice services:

... Children's Advocacy Centres draw on the knowledge of many disciplines, (including law, mental health and child protection) with the specific goal of preventing further victimization and trauma by establishing guidelines for the process of responding to allegations of abuse in the investigation, treatment and prosecution phases. The programs also provide families with remedial services.⁸

Child advocacy centres are widespread in the United States, where there are over seven hundred accredited centres.⁹ The exact number given often varies from article to article written on the topic because there is overlap between various entities supporting children who have been abused. For example, in the United States, there are what are termed "multidisciplinary teams" of police and child welfare professionals involved in child abuse cases, but many are not accredited child advocacy centres because they lack certain requirements, such as a child-friendly facility. In contrast, child advocacy centres in the United States are required to have a multidisciplinary team. In addition, there are variations on child advocacy centres called "child abuse assessment centres." These organizations have many of the same victim-centred services and orientation but are more focused on making legal determinations about the existence of child abuse.

There was a substantial expansion in the number of child advocacy centres or similar entities in the United States following introduction of federal funding in 1992, with the passage of the *National Children's Advocacy Program Act of 1992*.¹⁰ Studies done and published in journals specializing in child abuse indicate that

8. Simon Verdun-Jones, Carla McLean, Valerie H. Gregory, and Lauren Freedman, "A Survey of Policies and Practices of Government Agencies Involved in the Administration of Youth Justice and Custodial Care with Respect to Complaints of Child Sexual Abuse and Complaints by Adults of Historical Child Sexual Abuse Who Were Provided with Government Services," (Phase 1 Inquiry research paper), p. 25.

9. Kathleen Coulborn Faller and Vincent J. Paluseri, "Child Advocacy Centers: Do They Lead to Positive Case Outcomes?" *Child Abuse & Neglect* 31 (2007): p. 1022.

10. Ibid. Also, see *National Children's Advocacy Program Act of 1992*, 102d Cong., 1992 (enacted) and *National Children's Advocacy Program Act of 1992*, Pub. L. No. 102-586, S 6, 106 Stat. 4982 at 5029.

the experience of American child advocacy centres is positive in terms of reduced stress for children and non-offending family members and in terms of ensuring referrals to community services.¹¹ American studies also point to a reduction in the number of times victims need to be interviewed, using videotaping and team interviews.¹² This can reduce the “re-victimization” that could result in having to constantly repeat a traumatic account. American studies indicate that the use of multidisciplinary teams has resulted in more perpetrator confessions and more guilty pleas.¹³ However, whether the more child and family-friendly environments lead to more charges or an increased rate of convictions is more uncertain, based on available studies. A recent American study does indicate some correlation between use of a child advocacy centre and increased success in prosecutions.¹⁴ As well, it does appear that child abuse assessment centres (a variant of child advocacy centres) are correlated with higher rates of conviction, as well as with more positive experiences for the child victim.¹⁵ Experience in the United States indicates a more victim-focused and caring response can be provided for those who are abused and that there is also potential for better outcomes for the justice system as a whole.

Facilities that are similar to American child advocacy centres do exist in Canada in more limited numbers and with some variation in services and model of operation. Examples include the Zebra Centre in Edmonton, The Gatehouse® and BOOST in Toronto, and the Child Advocacy Centre of Niagara in St. Catharines. Ontario has several child witness programs, as well, such as those in Toronto, London, and Waterloo. Individually, these organizations are often praised for their work, but there is very little academic research on the impact in Canada of entities similar to child advocacy centres, perhaps because of limited numbers.¹⁶ In addition, the specialized child witness programs, such as the Victim/Witness Assistance Program, are not mandated to carry out the full range of service coordination or referral found at child advocacy centres in the United States.¹⁷

11. For an discussion of the literature in this area, see Carol A. Stalker, Amanda Topham, Maxine Barbour, and Natalie Forde, “Policies and Practices of Child Welfare Agencies in Response to Complaints of Child Sexual Abuse 1960–2006,” (Phase 1 Inquiry research paper), pp. 43–45.

12. T.P. Cross, Lisa M. Jones, Wendy P. Walsh, Monique Simon, and David Kolko, “Child Forensic Interviewing in Child Advocacy Centers: Empirical Data on a Practice Model,” *Child Abuse & Neglect* 31 (2007): p. 1048.

13. Stalker et al., “Policies and Practices of Child Welfare Agencies,” pp. 43–45.

14. See Aaron Miller and David Rubin, “The Contribution of Children’s Advocacy Centers to Felony Prosecutions of Child Sexual Abuse,” *Child Abuse & Neglect* 33 (2009): pp. 16–17; the study cautions that direct correlations are hard to make because of the many factors involved.

15. D. Joa and M. Edelson, “Legal Outcomes for Children Who Have Been Sexually Abused: The Impact of Child Abuse Assessment Center Evaluations,” *Child Maltreatment* 9 (2004): pp. 263–76.

16. Stalker et al., “Policies and Practices of Child Welfare Agencies,” p. 45.

17. *Ibid.*, pp. 60–64.

Child advocacy centres usually have facilities to record interviews both orally and visually. This can, in some cases, avoid the potential trauma of victims having to testify in court. This is an important feature and one referenced by Professor Nicolas Bala in expert testimony before me.¹⁸ Recordings can also be useful in understanding the impact on a child at a certain age as the video or audio recording captures the words and image of the child or young person at a time closer to when the abuse occurred. Some time could pass before a matter goes to court, and by then the child or young person is significantly older in developmental terms and there is also greater risk of memory loss.

Steve Sullivan, the Federal Ombudsman for Victims of Crime, in a June 2009 report, has endorsed expansion of Canada's network of child advocacy centres. For example, he has urged the federal government to make capital funding available to start up such centres or improve their functioning. He has also recommended that municipal, federal and provincial governments develop a national strategy to expand the network of child advocacy centre models in Canada.¹⁹ Support in Cornwall is consistent with this recommendation and could provide important information about establishing a centre in a smaller community.

The establishment of a Family and Child Advocacy Centre in Cornwall would be a significant legacy for the community and would demonstrate determination to take positive approaches in responding to abuse of children or young people in future. Phase 2 research on a viable plan has already been undertaken under the auspices of *PrévAction*.²⁰

The report on the proposed Family and Child Advocacy Centre demonstrates that institutions in Cornwall have made genuine commitments to future change, both in developing the concept and in giving an undertaking to the placement of staff in the facility if it is created. For example, the Cornwall Community Police Service is willing to place youth officers in the facility if it is established. The Children's Aid Society of the United Counties of Stormont, Dundas & Glengarry is willing to establish a permanent office with staff attending as needed. The Crown Attorney's office is willing to send staff as needed, to help with orientation to the court process and also to act as liaison on any court day. Physical co-location will have a positive impact on agency interaction and on the experience of those who have been abused. Instead of going to several places, children or young people or adult survivors would go to one place. They or their families could

18. Nicolas Bala, testimony, February 14, 2006, transcript p. 182, and February 20, 2006, transcript pp. 13, 41.

19. Office of the Federal Ombudsman for Victims of Crime, "Every Image, Every Child," released June 2009.

20. *PrévAction* and the Thompson Rosemount Group Inc., "Child Advocacy Centre of Cornwall and Area: Functional Plan," (Inquiry Phase 2 research project, February 2009).

also have access to community service referrals at the centre, reducing stress in navigating a complex system at a time of family or personal trauma.

In developing the model for Cornwall, those working on a possible Family and Child Advocacy Centre considered the needs of a smaller community and how to best meet them. For example, it was recognized early on that the Centre could not function efficiently if it responded only to cases of sexual abuse. Given the size of the population served and the fact that neglect and physical, emotional and sexual abuse are often connected, it is necessary to have a broader focus for the Centre in Cornwall. Inclusion of physical abuse and neglect means as well that the Family and Child Advocacy Centre could collaborate with Cornwall's highly respected Children's Treatment Centre, which provides counselling, as there would be a mandate match.

In addition, to be viable in a smaller centre and to respond to need, the proponents determined that the Centre should also provide services to vulnerable adults. Important examples would include adult survivors coming forward regarding historical sexual abuse or frail elderly individuals who have been physically assaulted. I am in strong agreement that assistance to survivors of historical abuse is needed, and a more neutral and welcoming site could be of particular value.

This Inquiry provided research funds for the development of a functional plan for a possible child advocacy centre.²¹ It was important, in my view, to assess how a possible child advocacy centre could work and what it would cost. This process was also useful for the proponents in tailoring ideas to respond to the service needs of a smaller community. As well, there was a thorough consideration of the physical layout of a centre, with the need to create child-friendly and family-welcoming environments and also to have facilities that are appropriate for adolescents, such as a TV/media room. The functional plan, which includes appropriate security and information technology requirements, was posted on our website and is also included on the CD of research commissioned by this Inquiry. The establishment costs for set up of a Family and Child Advocacy Centre in Cornwall, based on that plan, are estimated at \$500,000.

This may seem like a significant sum of money, but it includes the creation of observation rooms with unobtrusive recording devices, interview and office space, a therapy room for younger children and a media area that is more appealing to teens, a kitchen, meeting space and welcoming reception area. It would also provide an appropriate security and information technology environment. Care has been taken in design to preserve privacy and to ensure access to this Centre by those with physical disabilities.

21. Ibid.

In addition to the physical layout, thought was given in planning to staffing needs beyond that contributed by the Cornwall Community Police Service and the Children's Aid Society of the United Counties of Stormont, Dundas & Glengarry. The functional plan indicated a need for a receptionist, Victim/Witness Assistance Program (V/WAP) staffing, and a coordinator or resource officer. My understanding is that the request is for approximately \$191,000 in new annual staff costs, with approximately \$740,000 in staff services coming annually as in-kind donation from local institutions and agencies. Operating costs are estimated at \$264,000 annually and include rent, office expenses, insurance, telephone and information technology support, translation of materials, legal and accounting services, and meeting and communications costs.

The existence of a Family and Child Advocacy Centre in Cornwall, modified to better fit the service needs and realities of a smaller community, would be important in rebuilding trust. It would demonstrate the commitment of institutions to cooperate and address issues of the past. I commend the organizations that have worked together to develop a viable proposal. In particular, I want to recognize that local institutions have shown commitment to continuing to work together at this Centre, in the interests of vulnerable children and adults.

The "Cornwall model" could be important as a precedent for other, smaller communities. Establishment as a five-year project could be the opportunity to learn a great deal about the model and how it could transfer to similar communities. Leading by example would be a source of community pride but would also provide very real concrete assistance to other communities that might be interested in something similar for their community. Review of the experience in Cornwall could be helpful because there is very little academic review of these facilities in the Canadian context.²²

The planning has been done to establish a Family and Child Advocacy Centre in Cornwall. It could operate under the auspices of an existing respected agency such as the Family Counselling Centre of Cornwall and the United Counties. I would leave the final decision to the agency and the community, but I do see merit in avoiding the establishment of another community board in a smaller locale where volunteer board members are already stretched. As well, established agencies already have processes in place for governance and financial management, which leads to quicker start-up. Such an approach is another example of designing solutions for smaller areas.

Funding of a Family and Child Advocacy Centre would be an investment in innovation and better responses for the future. The proposal involves many organizations working together in providing direct services and referrals to

22. Stalker et al., "Policies and Practices of Child Welfare Agencies," p. 45.

existing agencies, a key principle for the promotion of community healing and reconciliation. This Centre even has plans for student placements from the new Centre for Excellence for Applied Education in the Prevention, Treatment and Community Support of Abused Children, Youth and Adults at St. Lawrence College, discussed later in this chapter. To give the Family and Child Advocacy Centre a reasonable opportunity to establish itself and to then assess its work and results, operational and staff funding should be provided over at least five years, with one-time set-up costs of \$500,000.

Toward the end of this period of operation, research should be done to measure the value of the Family and Child Advocacy Centre for Cornwall and the surrounding counties. Understanding the Centre's experience and the extent to which this kind of centre is transferable to other small to medium-sized communities would be valuable in continuing to improve services and response by institutions across Ontario.

Centre of Excellence: St. Lawrence College, Cornwall Campus

St. Lawrence College, with the assistance of research funding provided by this Inquiry, has been working on the development of an applied interdisciplinary post-diploma program on child abuse; a professional development summer institute program for those working with abused children, youth, and adults; and a research institute associated with these teaching programs. Their vision is to create a legacy of service providers committed to an interdisciplinary approach to the abuse of children and youth, aimed at breaking down "silos" of service delivery.

In developing curriculum and in implementing its program, the College intends to work with survivors, social agencies, community volunteers, and other educational bodies to develop education that adequately addresses the complexities in recovery from abuse experienced as a child or young person. The intent is to provide theoretical understanding of key concepts but also to be practical in orientation. Survivors will be invited as lecturers and field-placement speakers so that students and professionals will have the benefit—as did this Inquiry—of understanding the life experiences of survivors of sexual abuse.

The College also intends to address rural service delivery solutions in its certificate program, during the summer institutes, and in research endeavours. It plans to attract professionals already working in rural areas and students intending to work in rural areas. The College has recognized both the needs and the challenges involved in better serving rural areas. In my view, this is a critical recognition, and the location of the College at its Cornwall campus makes it well placed to develop innovative approaches.

The College also plans interdisciplinary student placements throughout Cornwall and the surrounding counties, and through distance education, in

other areas of the world. The interaction between dedicated students, institutions, and social organizations could benefit them all—and, most importantly, those they serve.

The proposal to establish a Centre for Excellence for Applied Education in the Prevention, Treatment and Community Support of Abused Children, Youth and Adults at the Cornwall campus has the support of Cornwall Mayor Bob Kilger, because it could be a contributor to economic renewal, bringing mature student professionals to summer institutes and supporting the local hospitality industry. It also has the support of the Victims' Group. In its Phase 2 party submissions, the Victims' Group noted that the existence of an interdisciplinary program of the type being developed by St. Lawrence College could increase networking between various disciplines. It could also create a group of "go-to" professionals at local agencies and institutions, providing specialized assistance for cases of current or historical sexual abuse.²³

The proposal to establish a Centre of Excellence at St. Lawrence College was studied to assess whether there was a "gap" that the new programming would fill and whether this type of course could be viable in attracting students. The study concluded that the interdisciplinary approach would fill a need that attracts students.²⁴ It also suggested some ways to refine the College's approach to make its new programs more attractive to students and to sustain the programs over the longer term. I understand that the College is working on this in its implementation plans. In my view, the effort to address rural needs is also unique and much needed. It is important to find flexible approaches to service delivery in small towns and rural areas.

I note that this Inquiry also funded St. Lawrence College, Cornwall Campus, for curriculum design research. I understand that this research is underway and that plans are in place to seek the necessary approvals from those responsible for the College and from the Ministry of Training, Colleges and Universities. It is exciting that the College is hoping to start programming as early as 2010.

In addition to the teaching provided by the College, plans are underway to develop a related research institute within this Centre of Excellence. The College looks to attract those with strong research backgrounds to work on projects on abuse of children and young people—why it occurs, where and what practices in treatment and prevention are promising. It is also interested in pursuing research into community impact of abuse, particularly in smaller communities. The vision is that there would be interaction between teaching and research, bringing top

23. Victims' Group, Phase 2 submission, February 20, 2009, pp. 13–14.

24. Sierra Planning and Management, "Feasibility Assessment: Centre of Excellence: Post-Diploma Education in the Prevention, Treatment and Community Support of Victims of Child Sexual Abuse," (Phase 2 research project, February 2009).

researchers and speakers to Cornwall for special lectures or to participate in summer institutes. This would act as a magnet for student enrolment as well as providing much-needed research.

To get this started, the College would need initial help to attract key people to the research work, then to support these key researchers in defining the research scope for the Centre and also in applying to the usual research funding agencies. Once the start-up phase is in place, the research component would sustain itself through applications to established research funds. The researchers could interact virtually, for example, collaborating online with others in universities across Canada and the United States. With a group of eminent researchers involved, the post-diploma and certificate programs would attract the calibre of lecturer that sustains attendance. As well, these individuals could provide advice in the development of curriculum and its evolution over time. The amount for this start-up work in establishing a research institute is \$100,000.

I commend St. Lawrence College for its creative and timely response. The creation of a Centre of Excellence has much to add to the building of an environment of healing and reconciliation in Cornwall. It can:

- support continued professional education, teaching a generation of practitioners to serve those abused as children and young people;
- continue to engage survivors in meaningful activities in curriculum development, as speakers and as students;
- develop expertise in serving rural areas and small towns and share this with other areas; and
- conduct or collaborate in needed research on serving rural areas, and on the full impact of sexual abuse—loss of trust, loss of quality of life, loss of faith, and reluctance to participate in recreational activities, for example.²⁵

Location of a Centre of Excellence in Cornwall can also be a positive contribution to community economic renewal and a source of understandable pride for the community, both important aspects in community healing and reconciliation.

With some support in the initial period of operation, it is likely that the Centre of Excellence would continue on its own, with the usual funding arrangements for community colleges. Investment in creating a strong foundation for a Centre

25. To better understand the kind of research that should be pursued, see David A. Wolfe, Peter G. Jaffe, Jennifer L. Jetté, and Samantha E. Poisson, "The Impact of Child Abuse in Community Institutions and Organizations: Advancing Professional and Scientific Understanding," *Clinical Psychology: Science and Practice* 10 (2003): pp. 179–91.

of Excellence will ensure that it can serve survivors, children and youth, service providers, and Cornwall and the rural areas of the United Counties for generations. It can also generate ideas and research to serve those in the field of child abuse throughout Canada, ensuring that promising practices are shared to the benefit of vulnerable children and adult survivors.

Catalyst for Change and Building Foundations for the Future

PrévAction is an organization that was formed in the Cornwall community to advance ideas developed for Phase 2 initiatives. The organization views itself as a catalyst, doing what could be done to inspire and support change, not itself becoming a service delivery agency. Its activities to support change have included research, consultation, meeting facilitation, outreach, and communication. PrévAction has produced research that I have referenced in respect to education. It has also ensured that a functional plan was developed for the proposed Family and Child Advocacy Centre. In its Phase 2 public submission, PrévAction indicated that it continues to be interested in building relationships with adult survivors, respecting and supporting survivor leadership.

Indeed, PrévAction made an extensive Phase 2 public submission, which I found thoughtful and useful. One aspect of this submission was to request funding for PrévAction itself, so that it could have the office facilities, staff and administrative services to continue its work. The funding requested was for a five-year period.

PrévAction could continue to be instrumental in community healing and reconciliation. I would summarize the catalyst work it could accomplish as:

- participating in the establishment and governance of what I have informally termed the “Reconciliation Trust” and assisting in decision making for expenditure priorities;
- developing a database of funding sources from existing government programs or foundations that could support community initiatives and assisting local organizations to learn how to apply for funding;
- consulting and working with others on community renewal ideas, advancing them from vision to “ready for implementation,” as the group has already done for ideas such as the Family and Child Advocacy Centre;
- working with the Centre of Excellence at St. Lawrence College on the educational lecture series and the establishment of the Centre; and
- continuing to work with survivors in supporting initiatives such as the Adult Community Healing Resource Centre, facilitating practical help such as fundraising expertise or recruitment of volunteers.

Continued support for PrévAction would mean sustaining a broad-based organization that has already shown it can act as a catalyst and is committed to continue to maintain momentum for constructive community-determined renewal.

As well, if the Ministry of Education endorses another Safe Schools report, as I recommend in Chapter 4, PrévAction has an interest in contributing; it has already done some interesting focus group work with local students. It has also signalled its interest in being involved in assisting or providing advice on any widespread public awareness campaign, another recommendation made in this Report.

As mentioned, PrévAction requested five years of funding for itself as an organization. I recommend three years. This is because I agree that PrévAction's considerable value is as a catalyst, an organization that helps other organizations achieve goals that benefit everyone. As a result, I would limit its own organizational funding to the initial stages of the five-year period I have recommended as a supported period for community healing and reconciliation. It is clear to me that it is this early period that is most in need of a catalyst. Once those three years have elapsed, PrévAction would still participate in what I have informally termed the "Reconciliation Trust." If it had any specific project need, it could apply to the Trust, declaring a conflict of interest on its own application. However, I would anticipate that there would be less of this project need as PrévAction succeeded as a catalyst and as other groups took on implementation roles, consistent with PrévAction's vision for itself.

My understanding is that the funding needed for one year of operation, with full-time staffing, would be about \$100,000, with \$300,000 needed for three years. PrévAction should also be afforded some flexibility in its arrangements. For example, it might choose to have part-time staffing for years three and four, instead of three years of full-time staffing. Such an arrangement might better reflect the need for continued but less intensive support as a catalyst over time and in supporting projects led by others instead of leading itself. This kind of practical approach, responding to conditions as they emerge, should be facilitated within an overall five-year window.

I see the continuing work of PrévAction as essential for community healing and reconciliation, and as a strong contribution to community renewal. My Advisory Panel informs me that PrévAction continues to add to its membership and that it is striving to be reflective of the community it seeks to serve. Within its central committee and subcommittees, it includes individuals drawn from local institutions, service organizations, municipal government, and religious organizations. The group encompasses retirees with distinguished careers and students seeking career inspiration. It includes survivors and family members

of survivors of sexual abuse. Those participating are not formal representatives of organizations but volunteers whose local knowledge and sincere commitment have drawn them to be active in Phase 2 endeavours. I am certain of PrévAction's commitment to continued involvement throughout the five-year period for sustainable change, but I am of the view that financial support in the initial period would be a strategic investment in moving forward an agenda of reconciliation and community renewal.

Integration with Initiatives to Support Community Healing and Reconciliation

The specific programs and services that I have discussed in this chapter provide a strong basis for a future of reconciliation and renewal in Cornwall and the surrounding counties. I have selected these specific activities for funding because, in combination, and working with the proposals made in Chapter 2, they represent all the components to propel community healing and reconciliation and to sustain it over time:

- a place for survivors, to foster needed peer support and survivor leadership and to enable survivors to participate equally in decisions about healing and reconciliation for survivors and for the community as a whole;
- a victim-centred service to support both children and vulnerable adults who come forward to report abuse and to facilitate cooperation between key institutions on behalf of children and vulnerable adults;
- a permanent educational centre in Cornwall to produce a new generation of well-trained professionals to serve adults, children, and young people who have been sexually abused; to continue to bring excellent speakers to provide further education and inspiration to professionals already working in the field; and to conduct much-needed research; and
- continued support for a broad-based organization that has acted as a catalyst in the past and is committed to maintaining momentum for constructive community-based change.

In addition, I am convinced that the organizations behind these four initiatives will work together and respect the efforts of others—key components in sustaining change. The initial impetus behind the Family and Child Advocacy Centre was PrévAction, working on ideas generated at community meetings. Now it has garnered support of local institutions such as the local Crown Attorney's Office, the

Children's Aid Society of the United Counties of Stormont, Dundas & Glengarry, and the Cornwall Community Police Service, as well as local organizations such as Citizens for Community Renewal. The St. Lawrence College Centre of Excellence is developing its work based on the premise of survivor engagement, with survivors both as students and as guest lecturers or speakers. The Family and Child Advocacy Centre plans to provide for student placement from St. Lawrence College, and this is also an option for the Adult Community Healing Resource Centre. Individually, each program or service deserves support, but together they represent exponential, not merely cumulative, impact.

In addition, the integration of these four initiatives with the flexibility and scope for local determination afforded by what I have referred to informally as the "Reconciliation Trust" creates a strong facility for the rebuilding of trust and renewal of relationships integral to reconciliation. Working together to set priorities and make decisions provides a continued basis of interaction and mutual support. Alongside the continued support for personal healing that I discuss in Chapter 7, there is a solid and practical plan for sustained progress. This plan represents the components needed to foster a future of community healing and reconciliation in Cornwall and the United Counties.

Recommendations

1. The Ministry of the Attorney General should provide funding of at least \$650,000 for the establishment and operation of an Adult Community Healing Resource Centre in Cornwall, based on the proposal by the Survivor Leadership Team. Staffing and operational funding should be provided for at least a five-year period.
2. The Ministry of the Attorney General should provide funding of up to \$2.8 million for the establishment and operation of a Family and Child Advocacy Centre in Cornwall, based on the proposal of PréVAction, and supported by the Children's Aid Society of the United Counties of Stormont, Dundas & Glengarry and the Cornwall Community Police Service. Staffing and operational funding should be provided for a period of at least five years.
3. The Ministry of the Attorney General should conduct assessments of the Adult Community Healing Resource Centre and the Family and Child Advocacy Centre on an ongoing basis, with a final report after five years to assess results, information and experience gained and to determine whether the two programs should continue to be funded.
4. The Government of Ontario should support the establishment of a Centre for Excellence for Applied Education in the Prevention, Treatment and Community Support of Abused Children, Youth and

Adults at the Cornwall campus of St. Lawrence College. Support should include funding of \$100,000 for start-up of the related research institute. The Government of Ontario should cooperate with the College by making public servants with valuable expertise available as guest speakers or lecturers, and sending public servants to summer institutes or the post-diploma certificate programs to benefit from training. In addition, for five years, St. Lawrence College should be provided with \$10,000 annually for a lecture series to continue to bring experts to Cornwall to advance understanding and response to the sexual abuse of children and young people.

5. The Government of Ontario should provide funding of \$300,000 to PrévAction for a period of approximately three years to support a continuation of its work as a catalyst for change, to facilitate its participation in the establishment of programs such as the Adult Community Healing Resource Centre and the Family and Child Advocacy Centre, and to participate in the ongoing work of the Reconciliation Trust.

Public Awareness, Education, and Professional Training Across Ontario

Prevention Is Founded on Education

When we talk about how institutions respond to reports of sexual abuse of children and young people, it is not long before discussions come to the great hope for the future: prevention. Can we prevent future generations of children and young people from being sexually abused by those they know and trust? By “prevention,” I have found most people mean stopping incidents of abuse before they happen. But prevention can also mean stopping abuse early so that reoccurrence of trauma is prevented for one victim and so that abuse of another victim by the same perpetrator does not happen at all. Prevention can also mean stemming further harm by responding to disclosure of abuse in a manner that heals, not harms—that takes shame and guilt away from those abused and allocates accountability and sanction to those responsible for abuse. The vision of a future in which sexual abuse of children and young people is prevented has been a recurrent theme and heartfelt hope for this Inquiry. Given this pervasive interest in prevention, I have concluded that recommendations to prevent future child sexual abuse should be central to this Report, and that prevention and education go hand in hand. If society is educated about child sexual abuse, we will all be better equipped to prevent incidents from happening and our children and young people will be empowered to help themselves. If we are serious about prevention, we have to be committed to education, whether it is education of professionals, young people or all of society.

The sexual abuse of children—especially in cases of extra-familial abuse—has been the subject of pervasive myths, misunderstandings, and denial. For example, I heard from Dr. David Wolfe in Phase 1 expert testimony that our society still has difficulty in understanding and believing that most perpetrators of sexual abuse are not strangers who attack at random, but are more likely to be those we trust to care for our children and young people. He explained, “One of the most

difficult manifestations of child sexual abuse for society and professionals to face is the notion of *acquaintance molestation*.¹

I also heard both in testimony provided by experts in Phase 1 of this Inquiry and in a Phase 2 workshop² that a myth persists that homosexuality and pedophilia are the same. Dr. Wolfe, in his expert testimony, was clear about this: “So homosexuality, for example, is a sexual orientation toward the same sex, but it has no connection to pedophilia. It’s not the same thing at all.”³

Not understanding or accepting this reality creates a risk that the true perpetrators go unrecognized while innocent men and women are stigmatized. One of the most effective ways to combat misinformation is to provide the public with accurate facts and information about how child sexual abuse is perpetrated, who the perpetrators are, and what circumstances create vulnerability for abuse. Prevention stems from better understanding and acknowledgement of real risk, including the risk to children and young people from trusted adults.

In the course of listening to what was said at Phase 2 events, a common concern about awareness and education emerges from adult survivors. While adult survivors are strongly behind efforts to prevent the abuse of young people today, I have been told they feel left behind in educational efforts. They want professionals and the general public—and survivors themselves—to fully understand the impact of abuse that persists over a lifetime. They want professionals to understand that suspicion or discomfort with persons in authority can stem from the trauma of breached trust. They want the public to see the frightened girl in the woman of forty, to see the humiliated and isolated young man in the man of fifty. This recognition would assist in their healing, and this recognition requires education.

Despite some improvements in training and education that have occurred over time, it appears that education about child sexual abuse or the impact of such abuse over a whole lifetime is not provided routinely or made systematically available to children in schools, to professionals in their training, or to the public at large. There have been some valiant independent efforts made to provide this education, but they have largely been through the efforts of non-profit, non-governmental agencies that often deal with a limited geographic area and have limited funding to provide their services.

1. David Wolfe, Exhibit 16, Tab 3, p. 3.

2. Homophobia, Heterosexism and How It Can Hurt the Fight Against the Abuse of Children and Young People (policy roundtable, October 1, 2008). Dr. Michael Seto noted in his presentation that there is “no evidence that gay men, defined as men who sexually prefer men, differ in risk to children than straight men, defined as men who prefer women.”

3. David Wolfe, testimony, February 13, 2006, transcript p. 41.

In the context of the widespread view that prevention depends on education, I have also heard concerns expressed by experts in the field that the issue of child sexual abuse has been moving off the public radar screen and that what limited resources were once available have now dwindled.⁴ Professor Nicholas Bala, in his contextual evidence on institutional and community response, stated that joint training is no longer provided for Children's Aid Societies and community police forces.⁵ In the 1990s, after several high-profile sexual abuse cases, joint training for these two agencies became the gold standard. However, as time passed and attention diminished, resources dedicated to this area have also diminished. While genuine efforts have been made by those concerned and motivated to make a difference for children and young people, child sexual abuse remains a persistent problem for the province of Ontario. It is clear to me that in order to prevent future child sexual abuse, to detect it early, and to minimize its impact when it does, tragically, happen, there needs to be a widespread and cohesive education strategy on what the abuse of children and young people is and how to deal with it effectively. Dr. Jaffe summarized this in his expert testimony:

Prevention of child sexual abuse must include a multi-targeted and ongoing endeavour that is integrated into all community systems and institutions. A variety of approaches, from community-based work aimed at supporting families, to promoting healthy sexuality with children, to training teachers, social workers, police officers, and the medical profession to recognize signs of sexual abuse, are necessary for prevention to be effective.⁶

Effective education needs to be provided systematically to everyone across the province, through messages that are aimed at different segments of society and that serve the differing needs of children, teens, parents, volunteers, and professionals. In addition, these efforts must be adequately funded, to ensure that every school, every community, and every resident of Ontario is able to contribute to the goal of effectively preventing, detecting, reporting, and responding to sexual abuse.

I encouraged many different types of educational opportunities throughout the course of this Inquiry, in part because it was an opportunity to increase awareness of sexual abuse of children and young people and its impact over a lifetime. Phase 1 evidentiary hearings were public in nature and were also webcast live over

4. Duty to Report Child Sexual Abuse (policy roundtables, January 20, 2009), pp. 6–7.

5. Nicholas Bala, testimony, February 20, 2006, transcript pp. 9–11, 92–94.

6. Peter Jaffe, Exhibit 23, Tab 3, p. 1.

the Internet. Simultaneous interpretation in French and English was provided both in the hearing room and over the Internet. Transcripts of the proceedings were posted to the Inquiry website within twenty-four hours. This expanded public access to the excellent expert testimony about sexual abuse that initiated the hearings of the Cornwall Public Inquiry. In addition, several research papers were commissioned from and prepared by experts in various areas related to this Inquiry's Phase 1 mandate.⁷ These papers were made available to the public on this Inquiry's website, contributing to public knowledge of experiences in other jurisdictions.

In Phase 2, education took many forms. We sought both to provide education to the Cornwall community and to be educated by that community. My Phase 2 staff and the Advisory Panel learned a great deal by holding meetings with parties and community members about what kind of education and awareness they thought was needed, in Cornwall and across Ontario.⁸ Education was a particular focus for the research that was done by PrévAction in Cornwall.⁹ This Inquiry commissioned research papers from parties to this Inquiry and from experienced researchers in order to provide the public with more information about and analysis of relevant issues.¹⁰ Several of these papers were the subject of public workshops, where the authors and invited panellists discussed the papers and broader issues that arose from the results of these papers.¹¹ In addition, public policy roundtables were held on the topics of confidentiality in civil settlements, homophobia and its negative consequences for addressing child sexual abuse, and the duty to report in child abuse cases.¹² These workshops gave parties and the public a chance to learn from experts in these areas and to expand their knowledge. Several large-scale public events we called "town hall meetings" were held to inform the public about childhood sexual abuse and to look at various approaches to prevention. Due to the interest expressed in preventing risk of child abuse or exploitation, the Commission brought in experts in the field of child sexual abuse and technology, informing the public about the emerging risks posed by the Internet.¹³ This Inquiry also offered numerous

7. See Appendix A, Phase 1 Research.

8. See Appendix B, Phase 2 Convening Meetings with the Advisory Panel.

9. See, for example, Ekos Research, "Views of Youth Regarding Sexual Abuse Prevention, Dangers on the Internet and the Boys and Girls Club, Final Report" (Inquiry, Phase 2 research project, February 2009).

10. See Appendix A, Phase 2 Research.

11. See Appendix B, Research Workshops.

12. See Appendix B, Policy Roundtables.

13. Building Hope, Trust and Pride: Prevention & Community (Phase 2 event, October 18, 2007); Building Hope, Trust and Pride—Technology and Child Exploitation: Risks and Opportunities (Phase 2 event, April 15, 2008).

professional education and training opportunities in the Cornwall area, which were very well received by professionals in the Cornwall community and beyond and viewed as both needed and worthwhile endeavours.¹⁴ In this way this Inquiry contributed to increasing awareness and providing education, but clearly so much more needs to be done.

Many of the issues debated at the Cornwall Public Inquiry were highly divisive. However, the issue of improving awareness, education, and training was not one of them. Witnesses in Phase 1 repeatedly stated their experiences led them to believe that more education, for the public and professionals, is needed to prevent future child sexual abuse. Those who gave informal testimony in Phase 2 were overwhelmingly supportive of increased education, again viewing it as one of the primary tools available to prevent abuse from happening in the future. My Phase 2 staff and Advisory Panel reported to me that they heard repeatedly that education must be one of the priorities for recommendations in Phase 2. Finally, both the public and the parties in their Phase 2 submissions recommended that education efforts be at the forefront of my consideration when making recommendations to the Government of Ontario. Responding to the wide range of ideas available for preventative education, I will deal in turn with the needs of the general public, children and young people, and professionals. My focus will be on the value of education in prevention, including informing more compassionate and constructive responses to adult survivors of abuse.

Changing Attitudes, Supporting Social Change

In order to be effective in prevention efforts, an especially key element will be to change attitudes within society in respect to the sexual abuse of children and youth. The public needs to be aware that sexual abuse is a continuing problem that requires continuing attention and vigilance. This needs to happen not only in Cornwall, but also across the province of Ontario. While the focus of this Inquiry was on events that happened in Cornwall, the testimony given by several expert witnesses makes it clear that Cornwall is not the only place in Ontario where child sexual abuse takes place.¹⁵ All Ontarians need to face this problem, from the largest city to the smallest town.

14. See Appendix B, Professional Education.

15. See, for example, John Liston, testimony, February 16, 2006, transcript pp. 76–83, where Mr. Liston discusses Project Guardian in London; Nicolas Bala, testimony, February 14, 2006, transcript pp. 184–85, where Professor Bala discusses Mount Cashel in Newfoundland and the St. George's Cathedral case in Kingston; Peter Jaffe, testimony, February 22, 2006, transcript pp. 104–7, where Dr. Jaffe discusses Project Jericho in Prescott and abuse at Maple Leaf Gardens; and Wendy Leaver, testimony, April 27, 2006, transcript pp. 7–8, where Ms Leaver discusses child prostitution across Canada.

The dominant attitudes that currently exist concerning child sexual abuse are still based on myths, misinformation, and, above all else, silence. The reality is that most people do not talk about child sexual abuse. It is not an easy topic of conversation between parents and children or among neighbours and friends. We do not see messages about it on television. We do not hear public service announcements on the radio. We do not get information at our place of worship or recreation telling us what signs of abuse to watch for in young people or children or how to respond to disclosures by an adult colleague or client or by a family member. Silence keeps sexual abuse off the public radar screen. This perpetuates the shame and secrecy that often surrounds abuse, and may even facilitate continued abuse; continued silence certainly deters those who have been abused from coming forward to report and receive assistance in healing. This silence persists despite the large number of high-profile cases involving the sexual abuse of children and young people that have been publicized since the early 1980s. Attention and resources were provided for a short time after these cases had gone public but were soon withdrawn.¹⁶ In my view, it is imperative that the issue of child sexual abuse be kept in the public eye. It is consistent attention and continual effort that will change the dominant way of thinking about child sexual abuse. The sexual abuse of children and young people needs to be seen as socially unacceptable. It should be expected that young people would want to speak out when they have been sexually abused and that others will promptly report to the proper authorities when they have suspicions about someone being sexually abused or about someone being a potential perpetrator.

I have already referenced expert evidence about the myths that continue to surround child sexual abuse, especially within the context of extra-familial or acquaintance abuse. Dr. Wolfe, in his contextual evidence, explained that children are often afraid or embarrassed to disclose abuse perpetrated by an acquaintance. The perpetrators are often trusted members of society, and children are afraid that they will not be believed, as this type of perpetrator does not fit the widely held image of a perpetrator—the stranger lurking in the bushes. Victims may feel ashamed as they may have positive feelings toward their perpetrator, who has shown them attention. They may feel complicit if there is a physical reaction to the abuse that is partly pleasurable, at odds with their cognitive and emotional discomfort. In addition, sexuality is not something that is openly discussed with children, who have a hard time telling others, especially adults, about sexual incidents. In his testimony, Dr. Wolfe elaborated:

Well, what I heard from many victims was that they would see their friends be humiliated if they tried to report that so-and-so groped them

16. Peter Jaffe, testimony, February 22, 2006, transcript pp. 72–74.

in bed at night. They might tell someone like the housemaster or something and they would be kicked out of school or they would see the friend teased by others, called queer. All that speaks to the pressure on children to keep it quiet. The natural silence, the shroud of silence that naturally occurs in childhood around sexuality, it's something that you don't want other people to know about.¹⁷

For a Phase 2 research report done by the community group PrévAction, focus groups with parents in Cornwall were held to determine levels of public awareness of child sexual abuse. The findings of that research tell me that adults may still be struggling with the idea that children or young people are often at risk from people they know and trust—and from people other adults know and trust:

Parents are largely of the view that sexual abuse can be prevented. They believe that this can be done primarily by raising the awareness levels of youth. In one case a parent talked about raising community-level awareness. In another the focus was on “stranger danger” among children.¹⁸

I have also heard in Phase 1 expert testimony that there continues to be additional barriers for boys in disclosing abuse, typically because of anxiety about or discomfort with sexual identity. Dr. Wolfe explained that young men have an even more difficult time disclosing abuse due to the fear of being labelled as homosexual or due to confusion over sexual identity:

And the fifth area [of impact of abuse], which is more common among men than women by far, is confusion over their sexual identity and orientation. Here I found that for men that tends to begin really in their adolescence and often continues throughout their twenties. They're not sure if they're gay because they had sex with a man and they don't know what happened, whether ... that means that deep down inside they must be gay because they agreed to this or somehow participated in it, didn't fight back, didn't stop it. So they have a lot of confusion.¹⁹

The Phase 2 roundtable held on the topic of barriers created by homophobia also suggests that in a heterosexist society that has confining views about

17. David Wolfe, testimony, February 13, 2006, transcript, p. 120.

18. Ekos Research, “Views of Youth Regarding Sexual Abuse Prevention Education, Dangers on the Internet and the Boys and Girls Club, Final Report” (Phase 2 research project, February 2009).

19. David Wolfe, testimony, February 13, 2006, transcript p. 115.

appropriate sexual roles for boys and girls or men and women, gay or lesbian youth may fear that they will be seen as attracting abuse due to their sexual orientation.²⁰ At that presentation, Dr. Michael Seto noted:

Potential embarrassment about having sexual contact with a man may decrease reporting and help-seeking by victims. Impact on help seeking and reporting is a concern because, for males, being a victim of child sexual abuse increases the risk of many negative outcomes, including: mental disorders such as depression; addictions; relationships and sexual functioning and criminal behaviour, including sexual offending.

Public awareness could work toward dispelling various myths, by educating the public about who perpetrators might be and how the image of the perpetrator as a stranger is not realistic. It could also inform the public of the duty to report reasonable suspicions of abuse to the proper authorities. The Children's Aid Society (CAS) of the United Counties of Stormont, Dundas and Glengarry stated in its Phase 2 submissions:

The lack of knowledge about where to go tell someone of abuse is of great concern to the CAS. Not only is there a duty to report a suspicion of abuse to the CAS, but the child protection implications of this lack of awareness are wide-ranging. If a victim or someone who suspects abuse wants to disclose abuse and does not do so because they do [not] know where to go, the abuse will continue.²¹

If the public is armed with better information about child sexual abuse and about what to do when it happens, prevention will be an attainable goal.

Prevention may also be cost effective for society as a whole. I have set priorities in this Report, cognizant of resource constraints. However, there is also a great cost to failing to prevent the sexual abuse of children and young people. In a 2003 report to the Law Commission of Canada,²² the estimated cost of child abuse in Canada for the justice system alone was estimated to exceed \$600

20. Homophobia, Heterosexism and How It Can Hurt the Fight Against the Abuse of Children and Young People (policy roundtable, October 1, 2008).

21. Children's Aid Society of the United Counties of Stormont, Dundas & Glengarry, Phase 2 submission, p. 14.

22. Audra J. Bowlus, Katherine McKenna, Tanis Day, and David Wright, "The Economic Costs and Consequences of Child Abuse in Canada," Report to the Law Commission of Canada, March 2003. The total annual cost of child abuse (including child sexual abuse) is estimated at \$15,705,910,047.

million for the year studied. Costs to the education system were estimated to exceed \$23 million dollars annually, while social service costs topped \$1 billion and health costs \$200 million for one year. Reducing the incidence of abuse would reduce costs that society bears, as well as the costs covered by employers and by affected individuals and their families.

Mass media is probably the most important source of information for adults and young people. This was borne out by the useful research on attitudes among Cornwall youth that demonstrates the power of media in influencing children and young people.²³ Local efforts can only go so far when individuals turn to the broader world through mass media. Schools can have more success in their efforts if it is reinforced by what students see on television or the Internet or hear on the radio.

In a public meeting held in Cornwall,²⁴ we were shown public service announcements from jurisdictions like Australia, the United Kingdom, and the United States. Universally, those attending said, “Why can’t we have these on our television sets?” The announcements were powerful in impact and inspired a sense of collective responsibility; they also gave practical contact numbers or e-mail addresses for further help. This type of outreach was seen as lacking in Ontario and as sorely needed.

While I recognize that a widespread, multi-faceted public awareness campaign will take time and money to be effective, I am motivated to consider it because of the successes of other social-marketing campaigns implemented in the province of Ontario. For example, thirty years ago, drinking and driving was considered socially acceptable in Ontario. People did not feel personally responsible to intervene to stop a friend from driving after drinking, and young people did not decide on a “designated driver” in advance of an evening out. However, after studying the issue and determining the dangerous effects of driving while intoxicated, the Government of Ontario implemented a province-wide, multi-faceted campaign to raise awareness about the issue and to change public attitudes about drinking and driving. Behind that campaign were organizations like MADD (Mothers Against Drunk Driving) and SADD (Students Against Drunk Driving), pressing the point both at home and school that if we all act, it is possible to prevent deaths on the road. While drinking and driving has not been eradicated, and while many factors are in play, the success of the public

23. Ekos Research, “Views of Youth Regarding Sexual Abuse Prevention Education, Dangers on the Internet and the Boys and Girls Club, Final Report” (Inquiry, Phase 2 research project, February 2009).

24. Building Hope Trust and Pride: Prevention & Community (Phase 2 event, October 18, 2007).

awareness campaigns is evident in the decline of drinking-related road fatalities. It is no longer seen as socially acceptable to drive after drinking. Drunk driving is also a topic that people feel comfortable talking about within their families and peer groups. Today, most people would not hesitate to stop a friend, a family member, or even a stranger from getting behind the wheel while intoxicated, and there is even a negative social stigma against those who stand by rather than stop other people from drinking and driving. This is the kind of attitudinal change I want to see with respect to the sexual abuse of children and young people.

There have been other successful campaigns to raise public awareness and change attitudes in Ontario around other sensitive issues. Currently there is a campaign dealing with violence against women, which has been supported by the Government of Ontario. Called “Neighbours, Friends and Families,”²⁵ the aim of this campaign is to recognize the signs of abuse and to support those who have been abused. One of the features of this program is that it promotes public awareness and recognition of what was once considered a private issue. The campaign aims to make domestic violence an issue that can be discussed publicly and to give individuals a sense that they have permission to intervene in what might have been seen as a family matter—“not my business.” It not only provides education on the signs of domestic abuse, but also provides neighbours, friends, and families with tools to talk to women who have been abused, as well as to talk to the perpetrators and to tell them that their behaviour needs to stop. Numerous resources within the campaign target different audiences in different formats, such as public service announcements, brochures, posters, and training events. The materials are made available in twelve different languages, to ensure that the information reaches a multilingual audience. While the issues of domestic violence and sexual abuse differ from each other, this type of public awareness program represented by “Neighbours, Friends and Families” could serve as a model for a similar program dealing with the sexual abuse of children and young people. It would be particularly valuable to enable corporate training and awareness programs for volunteers who may be able to act as valuable resources in recreational or other organizations where there may not be professional staff.

The “Neighbours, Friends and Families” initiative was made stronger by the support of an expert panel to assist in its design. Given the innovative task in changing social attitudes about sexual abuse, I am convinced that similar support would be valuable for public awareness campaigns on sexual abuse. When campaigns seek the support of experts, I would stress the importance of expertise of survivors themselves and the expertise gained by many in the Cornwall area

25. Neighbours, Friends and Families; www.neighboursfriendsandfamilies.ca/eng/main.php.

who have interested themselves in the work of Phase 2 and who have already started to look at the challenge of attitudinal change.²⁶ In this respect, one local Cornwall group, PréVAction, has already offered to participate in any social-marketing work, to facilitate use of Cornwall as a test for development of an overall provincial campaign.

At a Phase 2 event on the issue of safety on the Internet, we learned of several broad-based media programs aimed at alerting children, youth, parents, and educators to the potential risks in cyberspace.²⁷ These campaigns provide information that better equips people to recognize risks and safeguard children and young people against these risks. Five years ago, few adults were aware that abusers would use computers as another way to groom and entrap young people for sexual purposes. Now we know that there are risks on the Internet, and are learning how to reduce these risks. One factor in this growing awareness has been widespread efforts to inform adults and young people using a broad range of outreach methods, from Internet sites with interactive games to posters, radio and television announcements, and brochures. Yet, while excellent in addressing the risk emanating from the Internet, these efforts do not foster awareness of the risk from those adults whom children and young people know and trust in everyday life.

An additional consideration in any public awareness campaign is reaching perpetrators or those who may be at risk to perpetrate child sexual abuse. Clearly, if the goal is to prevent child sexual abuse from happening, attention must be paid to those who are responsible: the perpetrators of abuse. I do support education and awareness for children and young people so that they can be empowered to protect themselves, but the existence of these initiatives must not reduce adults' sense of responsibility to detect child abuse and to intervene, and it must not allow those who perpetrate to feel free from responsibility. Placing responsibility on a vulnerable child is unacceptable, and those who are responsible for abuse in our society must step up and be held accountable. While there is little sympathy for perpetrators of sexual abuse in our society, it would be shortsighted to leave them out of plans to educate the public. In educating and in raising public awareness, the Government of Ontario must provide appropriate messaging to perpetrators and potential perpetrators, encouraging them to seek help if they

26. See, for example, Ekos Research, "Views of Youth Regarding Sexual Abuse Prevention Education, Dangers on the Internet and the Boys and Girls Club, Final Report" (Inquiry, Phase 2 research project, February 2009), and Ekos Research, "Environmental Scan Report" (Inquiry, Phase 2 research project, February 2009).

27. Building Hope, Trust and Pride—Technology and Child Exploitation: Risks and Opportunities (Phase 2 event, April 15, 2008).

are thinking of perpetrating and providing resources to help them *before* a child or young person is harmed. Families may also need a place to go to seek help if they see sexual interests in their young sons that concern them. If the Government of Ontario concurs with some of my recommendations, made in Chapter 6, to address services for perpetrators and potential perpetrators of abuse, then any awareness efforts could work in concert with perpetrator programs.

The work of attitudinal change and sustaining that change is the work of years. It is reiterative and continual, and it must be flexible, to capitalize on the way young people, children, and adults learn and communicate. Most importantly, it must be accomplished.

Recommendations

1. The Government of Ontario should implement a province-wide public awareness campaign on the issue of the sexual abuse of children and young people, similar to long-term campaigns against drunk driving and the current campaign against domestic violence. The campaign should seek to reach as wide an audience as possible and should therefore engage as many different media formats as possible, including television, radio, newspapers, magazines, the Internet, and billboards. The campaign should also aim to target different audiences with appropriate messaging, such as messages for the public at large, messages for parents, messages for volunteers, messages for boys, messages for girls, messages for professionals, and messages for perpetrators or potential perpetrators.
2. The Government of Ontario should appoint an advisory committee to advise on the design and implementation of the awareness campaign. The advisory committee should include experts from various areas, including education, justice professionals, psychologists, media, and social-marketing professionals. The committee should be augmented by the valuable expertise of survivors of sexual abuse and of those in the Cornwall area who have already shown an active interest in an awareness campaign.

Reaching Children and Young People

While raising public awareness of child sexual abuse will involve broad based education throughout Ontario, special efforts must be made to particularly reach children and those who are the most closely involved with children outside of the family: the schools. As all children in Ontario are mandated to attend school until they reach eighteen years of age, or graduate from high school, the school

system is ideally situated in the prevention and early identification of sexual abuse. Education and training within the schools and the school system should take place on several levels as part of society-wide efforts to confront and prevent abuse. Such efforts involve several approaches for students and teachers, all working together.

First, there must be systematic and mandatory educational programs on sexual abuse and healthy sexual relationships that are targeted to all school-children so that they are aware of the issue and are comfortable discussing it with their teachers, parents, and peers. This education, increased awareness, and mainstreaming of the topic will make it much easier for children to disclose if they have been abused or if they know someone who may have been abused. These programs must take place across all grade levels and be reinforced each year with age-appropriate messaging. Currently, these programs occur only a few times in a student's school life and are not usually reinforced by relevant curriculum or easy-to-use teaching materials. It is clear to me that children are not as aware of the issues surrounding child sexual abuse as they could be. For example, Phase 2 research commissioned by this Inquiry about students' knowledge of sexual abuse issues in the Cornwall area found that students indicate that their sources of information are limited:

In the discussions with students in grades 7 to 12, youth talked about a fairly limited number of sources of information about sexual abuse. Students described that they typically learn about sexual abuse from media, conversations with friends and family, and from school. The extent to which they learn about sexual abuse from these sources varies.²⁸

With respect to information received about sexual abuse within the school, it was also seen as fairly limited:

A minority of students say that they have gained knowledge about sexual abuse from school. Information obtained at school comes mostly from informal discussions with teachers, as well as more formal discussions with teachers in the context of health class "when there is extra time" and gym class. Some students noted that their schools focus more on providing students with information on bullying than on sexual

28. Ekos Research, "Views of Youth Regarding Sexual Abuse Prevention Education, Dangers on the Internet and the Boys and Girls Club, Final Report" (Inquiry, Phase 2 research project, February 2009).

abuse. Interestingly, students in grades 7 and 8 are more likely to say that sexual abuse is formally covered at school (e.g., in assemblies) than high school students, who tend to receive information on the topic more informally (e.g., through general discussions with teachers). This is a particularly interesting result, given that the Red Cross program provides presentations in schools in the community that are aimed at grade 7 and 8 students, suggesting that the program is having an impact on raising the profile of the issue with this age group.²⁹

Most students, when asked, stated that they wanted to receive this kind of information within the school and would be most comfortable talking about it with a teacher whom they knew and trusted:

When asked who they would want to lead the group discussions on the subject, many grade 7 to 12 students in the focus groups said that they preferred talking to their teachers. It is important to note, however, that not all teachers are considered well suited for this task: “I wouldn’t want my math teacher to start talking to me about this stuff ... that would just be weird.” According to the focus groups, students would rather discuss sexual abuse with teachers with whom they have a close relationship, such as their homeroom teachers, gym teachers and social studies teachers. Most said they would not feel comfortable having this kind of discussion in the company of any other school staff, including guidance councillors and school nurses. The main issue with other school staff is that students have very limited contact with these individuals, and are therefore reluctant to open up [to] them: “I would be way more willing to talk about this stuff in front of a teacher I know and trust.”³⁰

I found it interesting that children who were in grades 7 and 8 in Cornwall generally had higher awareness level around sexual abuse than did students in other grade levels. As the study states, this is due to the fact that the Red Cross has been providing sexual abuse awareness programs (RespectED) to those grade levels in the Cornwall area on a voluntary basis. In fact, at one of the Phase 2 community events, an excellent Red Cross volunteer educator gave an abbreviated version of its presentation aimed at grade 7 students.³¹ Those in the audience

29. Ibid., p. 13.

30. Ibid., pp. 17–18.

31. Building Hope, Trust and Pride: Prevention & Community (Phase 2 event, October 18, 2007).

found it very powerful. The presenter informed the audience that he receives disclosures of sexual abuse from children every time he gives a presentation. This indicates to me that there is real need for more awareness—and for similar sessions starting much earlier than grade 7, especially given that the average age when children are sexually abused is 10 to 11.³² It also tells me that if education is provided, students will learn and remember and be better protected against those who would exploit them sexually.

While I note that there are some excellent programs that have been provided to Ontario schoolchildren, such as those of the Red Cross, these programs are not universally available and do not cross all grade levels. In my view, it is imperative that the Government of Ontario step in to ensure that education and awareness be provided to all Ontario students. There are many different ways that the information could be provided. The government could engage outside professionals, such as the Red Cross, to develop material for every grade and to provide the awareness sessions. In addition, and perhaps more importantly, the information could also be integrated into existing school curriculum, so that students are receiving the information in the course of their regular classes. This approach has the benefit of integrating discussions about sexual abuse into day-to-day school life. It has the effect of normalizing such discussions, or making them seem more part of the mainstream. For example, in an English class, a book that deals with child sexual abuse could be studied, giving a better comprehension of the emotional and life impact of abuse. For younger children, story time could include reading a book that addresses abuse in an age-appropriate way and could lead to further discussion about the topic. The Government of Ontario has already been successful in integrating other social issues successfully into their broader curriculum, such as bullying and racism. With the proper resources, such as experts to develop the curriculum and resources for teachers to use in the classroom, there is no compelling reason as to why this could not be done for the issue of sexual abuse.

I understand that we cannot mandate universal education and awareness for children within the school system without providing adequate supports to teachers and schools, not only in implementing education but also in dealing with the after-effects of the educational efforts. One of the effects of awareness and education is that children or young people may be able to avoid sexual abuse. Another effect is that if abuse does occur, children and young people may be more comfortable in disclosing to authority figures. If education on abuse is provided in the classroom, many of these disclosures may be made to teachers, because the child will feel comfortable disclosing in a place where these issues

32. David Wolfe, testimony, February 13, 2006, transcript p. 51.

are discussed openly. However, teachers may not have adequate training or resources to properly receive that disclosure. There is currently no mandatory education for teachers on sexual abuse in either their non-teaching degree programs or in teacher's college, so it is not surprising that teachers need assistance in this area. In addition, it is not clear that all teachers across Ontario receive ongoing professional development training with respect to these issues at the level needed for them to be of value and assistance to students. Teachers generally know about reporting obligations and little beyond that. They may not have been given a summary of the Robins Report³³ as a case study to better understand what could go wrong at schools and as a springboard to discussing how to respond in future. They may not understand the positive connection between early intervention and recovery from abuse. It is important that the proper introductory training at the pre-service level and ongoing professional training be universally mandated. This will equip teachers to handle the material they are required to teach and to feel comfortable integrating discussion of sexual abuse in classroom teaching, as well as receiving disclosure from students.

In addition to this, in keeping with the goal of prevention, it is equally important to provide teachers with training to recognize the signs and symptoms of abuse in children. With early identification, appropriate interventions may be provided in a timely manner. It is early intervention that achieves the best possible outcome for the child or young person. Children will not always disclose their abuse to anyone at all, or they may test the waters by providing more subtle cues. Given the amount of time children spend in school, it is logical to assume that teachers are in the best position, aside from those within the home itself, to identify children who may have been abused. Again, it is not clear that teachers and other education professionals have the appropriate training that would allow them to detect abuse and to provide the appropriate supports to children when they have such suspicions. In order to provide the most comprehensive prevention efforts in our schools, detection training for teachers should be part of the educational professional training mandate, again both at the pre-service level and through ongoing professional training.

The Upper Canada District School Board (UCDSB) recognized the need for expanded training for its professionals in its Phase 2 submissions but noted that individual school boards may not, and that the UCDSB itself does not have adequate resources to provide training to its teachers and other professionals.³⁴ I recognize that lack of resources can impact the ability of individual schools

33. The Honourable Sydney L. Robins, *Protecting Our Students: A Review to Identify and Prevent Sexual Misconduct in Ontario Schools: Report* (Toronto: Ministry of the Attorney General, April 2000).

34. Upper Canada District School Board, Phase 2 submission, pp. 2–3.

boards to provide appropriate ongoing professional training. In order to ensure that all students across Ontario receive the same education and support, therefore, the resources and funding for professional training should come from the Government of Ontario. While I appreciate that this may appear to be an additional cost at a time of strain on educational resources, the need for extensive ongoing professional training could be alleviated by instituting mandatory pre-service training; then only refresher courses would be necessary at the school board level. Responsibility to ensure that mandatory training concerning child sexual abuse be provided to potential teachers would lie with faculties of education in Ontario and with the Ontario College of Teachers, not directly with the Government of Ontario. However, a request by the Government of Ontario—and my reasoning—should be persuasive to these organizations, which are interested in the well-being of children and young people.

I am aware that the Minister of Education has appointed a Safe Schools Action Team. It has provided three reports to the Minister about violence in schools, providing information about and recommending policy, practices, and programs to address a range of issues from bullying to racism. The most recent report that was released in December 2008, addressed gender-based violence, homophobia, sexual harassment, and inappropriate sexual behaviour by students toward other students. It also addressed review of the local police–school board protocols, which included, but were not limited to reporting requirements.³⁵ The Team also looked at barriers to student reporting of these types of inappropriate behaviours by other students and at reporting requirements for school staff. Since its formation, the Team has made constructive recommendations that have resulted in implementation of important change. I would suggest, however, that this work is not over. To cover all that can affect safety at school and to ensure students have a safe and caring learning environment, one additional element is needed to complete the important work of building safe schools. The goal for this additional work would be to develop a comprehensive and coordinated approach for schools in preventing and responding to sexual abuse by persons in a position of trust. Schools are often the place a child or young person will come to disclose abuse by a trusted adult at home or at a place of recreation or worship; it may be a place where the signs of abuse are manifest through behavioural change, decline in achievement, or social isolation. School may also be the place where volunteers or administrative or teaching staff constitute a danger to safety at school, by involving children and teens in sexual activities with trusted adults.

35. Safe Schools Action Team, *Report on Gender-Based Violence, Homophobia, Sexual Harassment, and Inappropriate Sexual Behaviour in Schools* (Toronto: Ministry of Education, December 11, 2008).

To complete the work of ensuring the safety at school that is fundamental to learning, this additional piece of an overall strategy for Ontario schools needs to be put in place.

Part of the work of the Safe Schools Action Team could be to design a possible audit process for school boards, reaching down to the classroom level. In this way, we could all better understand the extent to which the Government of Ontario and school boards across the province are addressing obligations related to child sexual abuse, including support to teaching staff. Understanding expectations is often the first step in meeting them. If there are gaps between what is needed and what is provided, or if efforts at a senior level are not reaching children and young people, this could be identified. An audit is also a mechanism to identify both the differences across the province and jurisdictions where innovative approaches or constructive partnerships have led to positive and effective outcomes.

Recommendations

3. The Government of Ontario should implement a universal sexual abuse awareness education program in all Ontario schools, at all grade levels. A variety of approaches should be used in providing this information, such as having outside experts present information to all grades and having specialized curriculum and teaching material developed for use by teachers in the classroom. In designing this program, care should be taken to include specific elements related to the sexual abuse of boys and young men.
4. The Government of Ontario should recommend to the Council of Deans of the thirteen faculties of education in Ontario that comprehensive coverage of sexual abuse, including of violations by adults in positions of authority as well as legislative, policy, and practice interventions, be required in the curriculum for the Bachelor of Education and Master of Education degrees.
5. The Government of Ontario should recommend to the Ontario College of Teachers that it amend the Standards of Practice for the Teaching Profession to include sexual abuse prevention and the early identification of sexual abuse.
6. The Government of Ontario should ensure that all Ontario school boards have teacher training, leadership training, and appropriate curriculum to address early identification and prevention of sexual abuse. For example, school boards should include sexual abuse training in the New Teacher Induction Program.
7. The Government of Ontario should recommend that the Ontario Teachers' Federation highlight sexual abuse as an essential topic as part of ongoing professional development workshops for its membership.

8. The Government of Ontario should commission a fourth report by the Safe Schools Action Team to review the programs and policies that address sexual abuse by adults in positions of trust. Such a report should explore the mechanism of audits to measure the extent to which these programs are actually delivered in classrooms at different grade levels and any perceived barriers to delivering the programs across Ontario.

Professional Training

As touched on earlier in this Chapter, Phase 2 of the Cornwall Public Inquiry provided a diverse range of professional education for counsellors and others involved in the treatment and healing of sexual abuse survivors in Cornwall. These educational opportunities were welcomed into the community and universally praised by attendees. For example, The Men's Project, under the Phase 2 action research mandate, delivered a series of five training modules to counselling and healing service providers within the Cornwall community. The series proved to be so popular among Cornwall area professionals that the program was provided a second time. The comments received from participants after the education sessions were overwhelmingly positive. Here is one example:

The training received during these 2 days as well as the first presented by The Men's Project all together make my job have more meaning and relevance. I am learning theory and it is more applicable to my work. I understand more clearly now why clients may act, do, think the way they do. Immense learning experience, thank you.

Similarly, a training session by this Inquiry and delivered by SD&G Developmental Services was in so much demand that it had an extensive waiting list and was also repeated.³⁶ Professionals were clearly very interested in gaining skills in counselling developmentally delayed individuals who had a history of childhood sexual abuse. The interest and comments of those participating in professional training demonstrate its significance to those who are engaged in counselling survivors of sexual abuse. However, training is important not only for counselling and helping professions, but for all frontline professionals who may, in the course of their work, come into contact with children or young people who have been sexually abused or work with an adult who experienced abuse as a young person. I have made some specific recommendations in Chapters 2 and 3, related to opportunities for continued education or training in Cornwall.

36. Trauma and the Client Who Is Developmentally Challenged (Professional education event, December 8, 2008, and January 21, 2009), presented by SD&G Developmental Services.

However, professional training must be connected to the professional organizations responsible for the initial qualifying education or the ongoing training of those having certain professional recognition. While local or job-related training is necessary, the role of province-wide professional associations must be considered.

Abuse of trust and sexual abuse may have been the cause of trauma for a child or young person but that initial trauma may be compounded by the complex interaction of abuse with the child's family and life situation. This highlights the need for heightened vigilance on the part of frontline workers who come into contact with children, so that they recognize the signs and symptoms of abuse at the earliest opportunity. In this regard, Dr. Jaffe has noted:

Professional awareness is critical to the detection of sexual abuse with children. Certainly professionals such as teachers play a key role in creating disclosure friendly environments. Training that addresses the dynamics of sexually abusive relationships, the process of disclosure, the duty to report and the various system responses to the disclosure are all helpful in preventing sexual abuse from happening or continuing.³⁷

However, for most frontline workers, dealing with cases of child sexual abuse is only part of their job, and they often lack the proper training to deal with these cases effectively and in such a way as to reach the best possible outcome. They need to know how to receive disclosure from children who have been abused. In addition to dealing with children, frontline workers, and indeed all the partners in the justice system, need to be sensitized to the needs of adult victims of sexual abuse and to better understand the responses of adult survivors. Professionals are often ill equipped to handle common responses, such as anger, disassociation, difficulty in trusting even well intentioned authority figures, or retreating into childlike or adolescent behaviours. The Province must better equip professionals with the tools and resources to understand child sexual abuse and its impacts and to react to it in ways that will benefit the child or adult in question. In addition, partners in the justice system could be supported by making available information from experts in the fields about the impact of historical abuse on the life of adults. Because the Government of Ontario is a large employer, it can ensure that some of this occurs for professionals within the public service. In other cases, it must look to other partners in delivering needed professional education.

I have considered ways for this needed professional training to be provided. While training should be an ongoing process and should take place within the

37. Peter Jaffe, Exhibit 23, Tab 3, p. 4.

workplace, it should also, whenever possible, be integrated within the pre-service educational process for professionals. Those who we would expect to come into contact with children or vulnerable adults as part of their profession should not first learn about sexual abuse on the job. However, I have been advised by my Advisory Panel that training with respect to sexual abuse is not routinely provided on a mandatory basis in professional education courses within current university and college programs. Some schools do offer courses, but they are optional, not mandatory for the degree or certificate program. Research done by St. Lawrence College indicates that there is a gap in terms of educational offerings for those serving adults, children, or young people who have been abused.³⁸ Changes in professional training are usually not directly the responsibility of the Government of Ontario but are part of the responsibilities of professional faculties and associations; however, a request by the Government of Ontario and the reasoning in this report should be persuasive.

Professionals who deal with children also have additional legal responsibilities. Professionals need to understand their legal obligation to report reasonable suspicions of child sexual abuse to the child welfare authorities. They also must ensure that their workplaces are safe for children and young people and that appropriate staff and volunteer screening programs have been implemented. Professionals need to be educated to understand these duties in order to implement them properly. More than that, they need to be able to work through all steps in communicating with local CAS or police, or both, and with the victim or his or her family to make an inherently difficult time as well supported as possible.

The current issue with respect to specialized joint training for the police and CAS workers in forensic interviewing is covered in Phase 1. Children's aid societies and community police agencies have been mandated by the government to work together on cases of child sexual abuse, as there are obvious implications in both the child protection and criminal justice systems. To further that mandate, for several years the Ontario Police College and the Ontario Association of Children's Aid Societies held mandatory joint training on investigating sexual offences against children. That course, however, has been suspended, and while the two agencies continue to work together, they no longer train together with respect to sexual abuse. Dr. Jaffe noted that this is of grave concern, given that police and child protection organizations have different mandates and institutional cultures. He stated:

38. Don Fairweather, "Centre of Excellence: Post-Diploma Education in the Prevention, Treatment and Community Support of Victims of Child Sexual Abuse," Feasibility Assessment Update Presentation (Phase 2 research), January 2009.

The joint training is essential because what you're trying to communicate to new police officers and children's aid workers is they are part of a team. You know, they may be working for different organizations with different ministry funding but at the end of the day, they're collaborating together to protect children.³⁹

I have discussed reinstitution of joint training in Volume 1 of this Report, and I reiterate it here in the context of this overall approach to education. I would note that I also see value in adding others to training endeavours—for example, including those who might be involved in investigations, such as medical personnel, or those counselling children or families. When various professionals learn together, they come to understand a complex problem from many perspectives and, most importantly, from the perspective of the person needing help and support. I also see merit in making available the perspectives of experts in the field to all the partners in the justice system, strengthening sensitivity and understanding of the impact of abuse.

I have referenced partners in the justice system; judges are, of course, part of that system. It is a well-recognized principle that the judiciary are independent and that means that governments cannot impose any educational requirement on judges. However, the judiciary in Ontario have long recognized the value of continuing education. The Ontario Court of Justice has an educational secretariat that works with the Office of the Chief Justice and the Ontario Conference of Judges to ensure a continuing education program that is second to none. Excellent educational programming for judges is also delivered by the National Judicial Institute in Ottawa. These organizations provide useful vehicles to deliver possible programs on male victimization and on the many issues related to sexual abuse of children and young people by trusted adults. While no program can be mandated, the Government of Ontario can suggest to the Chief Justices of the various levels of courts that education in this vital area could interest judges and be of value to them in carrying out their responsibilities.

Recognizing that development of teaching material and programs represents a considerable undertaking, I would point to the resources that have already been gathered by this Inquiry. Many individuals have commented on the educational value of the expert testimony given at this Inquiry. Taking some of this written and oral testimony and putting it into a teaching guide for professionals could capitalize on the work of nationally recognized experts. Using lessons learned from this Inquiry's extensive evidentiary record would demonstrate, in a very concrete way, the cross-professional demands in responding to sexual abuse of children and

39. Peter Jaffe, testimony, February 22, 2006, transcript p. 74.

young people. I would suggest that a helpful follow-up task after the end of this Inquiry would be to adapt these existing resources into a teaching aid for professional training.

Recommendations

9. The Government of Ontario should implement mandatory, comprehensive and ongoing professional education and training for employees of the Province of Ontario, including sensitivity training for professionals who may have contact with children or adults who may have been sexually abused as children or young people. There should be information made available from experts in the field of sexual abuse to all partners in the justice system to ensure understanding of the lifelong impact of abuse.
10. The Ministry of the Attorney General should request that the Chief Judges of the Ontario Court of Justice consider the provision of an educational program for judges on issues related to the sexual abuse of children and young people by trusted adults.
11. The Government of Ontario should recommend to professional faculties at all Ontario universities and colleges for professionals in contact with adult survivors or children or young people who may have been sexually abused that those professional faculties implement mandatory education on the sexual abuse of children and young people and its impact both immediately and over a lifetime.
12. The Government of Ontario should recommend to self-governing professional bodies whose members may be in contact with adults survivors or children and young people who may have been sexually abused that they promote education in this field and, if appropriate, make amendments to relevant guidelines and standards related to professional competence.
13. The Government of Ontario should fund joint speciality training for child welfare workers and police officers on investigating cases of child sexual abuse. Efforts should be made to expand this training to include other relevant professionals who could be involved in investigations or in supporting the victim or his or her family.
14. The Government of Ontario should ensure that a professional teaching module is prepared using the expert testimony and other relevant evidence and information from the Cornwall Public Inquiry so that it is available for college, university, and professional teaching.

Policy and Legislative Change

Introduction

The public policy and legislative changes considered in this chapter came to my attention in several ways during Phase 2. Several were issues recommended to me for research and discussion by my Advisory Panel. The research undertaken on apologies and on the prospects of treatment programs for those who have committed sexual offences against children are examples of recommended research. Other issues arose from public interest demonstrated at Phase 2 meetings; the strongest example of this was the research commissioned on sentencing trends for non-familial child abuse cases. Still other issues were brought to my attention by the parties to this Inquiry. The Men's Project, a party with full Phase 2 standing, proposed research on the possibility of an ombudsman for those who are victims of sexual assault, and I recommended that this proceed as party research. The Citizens for Community Renewal, another party to this Inquiry, suggested we conduct "policy roundtables" on several topics, and three of these did proceed: on confidentiality provisions in civil settlements, on the duty to report child sexual abuse, and on homophobia and its impact on response to the problem of sexual abuse of children and young people. Interest in this second topic was also expressed by another party, the Children's Aid Society of the United Counties of Stormont, Dundas & Glengarry. Issues regarding policy and legislative change with respect to the duty to report child sexual abuse are dealt with in Volume 1.

The presentations by authors, workshop participants, and policy roundtable participants were excellent. That so many were willing to travel considerable distances to present in Cornwall is a testament to their personal, as well as their professional interest in the important public policy matters under debate. I would like to thank all those who participated in public policy debate—as professionals and experts, counsel, and those from the public who brought probing questions and the value of their personal experience.

I found the policy-focused research and roundtable discussions useful in affording a greater understanding of the complexity of issues and the options for the future. I also found that this work was educational for the public and the parties to this Inquiry. As I have discussed in Chapter 4, one of the responsibilities of all public inquiries is to promote public education.

In moving through the issues in this section of my Phase 2 Report, I have in each case summarized what has been learned from the research and workshops or policy roundtables. I have then set out the public policy considerations encountered in analysis of these issues, highlighting those I found particularly relevant. My recommendations follow in each topic area.

Apologies

What We Learned About Apologies

My Advisory Panel reported to me that one of the issues of concern to the community identified during consultation meetings with the public and parties was that of apologies. People wondered why apologies—particularly in cases concerning child sexual abuse—were so difficult to obtain, whether from those who had perpetrated the violence or from those who may not have acted appropriately in the face of known abuse or in response to disclosure of abuse. They talked about wanting “real” or “meaningful” apologies, sometimes talking about various aspects of apologies that would characterize a “worthwhile apology” or stressing that even a late apology would be of value. This theme also arose in Phase 1 evidentiary testimony and in Phase 2 submissions.¹ While recognizing the value of apologies, people also cautioned that apologies could “do more harm than good,” if insincere or proffered solely for public relations purposes.²

While it was generally recognized that apologies could promote healing and reconciliation, many different issues arose within discussions about how apologies could be incorporated into existing legal frameworks. For example, what legal issues could arise if an apology were given? Would the person apologizing be admitting guilt that could lead to civil or even criminal liability? Would an apology from one person in an institution create liability for others? There was also interest in the effectiveness and utility of apologies. What constitutes a good or healing apology? When should an apology be given? Why should people consider apologizing? Sometimes people in meetings would say that they wished they had apologized or expressed regret but that they thought they could not for

1. See, for example, David Silmser, testimony, January 30, 2007, transcript pp. 48–49; Greg Bell, testimony, October 21, 2008, transcript pp. 70–72; Victims’ Group, Phase 2 oral submissions, February 27, 2009, transcript p. 37.

2. See, for example, Carson Chisholm, testimony, October 11, 2007, transcript p. 18.

legal reasons. Certainly, in Phase 1 evidentiary hearings and in Phase 2 of the Cornwall Public Inquiry, I did hear apologies or expressions of regret from both individuals and institutions and I also heard requests for apologies, not only from those who discussed their personal circumstances, but also from those testifying in the community context or in the institutional portion of the evidentiary hearings.³

It was clear that extending an apology is more complex than might be thought on superficial review. It was also clear that the symbolic value of an apology was significant as a validation and as a form of reparation. Anything so important to so many is worthy of further reflection.

As a result of these considerations, my Advisory Panel recommended that research be commissioned on the legal and ethical implications of apology or expressions of regret in civil cases. I accepted this recommendation, and a call went out for proposals from interested researchers.⁴

Several proposals were received on this topic, and ultimately Leslie Macleod, a lawyer, mediator, and academic, was selected to conduct the study. She provided a draft paper to this Inquiry, which was posted on this Inquiry's website and circulated among counsel for the parties in December 2007, in order to solicit comments. A workshop was then held on January 17, 2008, where Ms Macleod presented her paper.⁵ In addition, Russell Getz, from the Attorney General of British Columbia, presented his views on the legal implications of apologies. Mr. Getz is the British Columbia representative for the Uniform Law Conference of Canada and is the author of the uniform apologies legislation.⁶

After the workshop, Ms Macleod revised her paper and submitted the final version on April 12, 2008.⁷ I will not duplicate the research in that paper, as it is provided in the CD containing all Inquiry research, or give details on the workshop, a summary of which was available on this Inquiry's website. I will highlight some of the key points for consideration:

- An apology or expression of regret can be a powerful tool in the healing and reconciliation of relationships, in both cases of minor transgressions and those that are more serious, especially for victims.

3. See, for example, Angelo Towndale, testimony, September 5, 2008, transcript p. 127; Lise Brisson, testimony, October 5, 2006, transcript pp. 151–52; Children's Aid Society of Stormont, Dundas & Glengarry, Phase 2 submissions, p. 1; and Cornwall Community Police Service, Phase 2 oral submissions, February 27, 2009, transcript pp. 96–98.

4. See "Part of Phase 2—Action Research Agenda—Finalized After Consultation" (Cornwall Public Inquiry, December 14, 2006), available at www.cornwallinquiry.ca.

5. See Appendix B, Research Workshops.

6. See Uniform Law Conference of Canada at www.ulcc.ca/en/home/.

7. See Appendix A, Phase 2 Research Projects.

- The reasons for which an apology may be offered are many, and an apology can be of benefit to both victim and transgressor. Apologies can promote forgiveness, healing, and reconciliation, which are often interconnected. Healing, especially in the context of abuse, has been recognized as a primary positive result, allowing victims to move into the future with a restored sense of physical, mental, and emotional health. Apologies can also foster reconciliation between the individuals involved, which is beneficial to the victim, to the transgressor, and to the community at large. The reconciliation stemming from an apology may take different forms: it may be a private and personal reconciliation with the past, or it may manifest outwardly in terms of a renewed relationship going forward.
- Certain core elements should be incorporated—or at least considered—in order for the apology to be meaningful: recognition, remorse, responsibility, repentance, reasons, reparation, and reform. An authentic apology will require some combination of these elements, the more the better. However, not all apologies must be the same, and their context will vary. The needs of the victim in each particular case must be the primary consideration in crafting an apology.
- Some who offer an apology may not incorporate the core elements or the needs of the victim into their apology, which can detract from the degree to which that apology can promote healing and reconciliation. For example, an apology may be *tactical*, in that the suffering of the victim is acknowledged in order to gain credibility for the person apologizing. An *explanation apology* tries to excuse behaviour without accepting any responsibility. A *formalistic apology* is provided under pressure, to make an issue “go away,” with no real remorse or empathy. Most people seek an apology where the transgressor both expresses remorse and accepts responsibility for his or her actions.⁸
- Generally, tactical, explanation, and formalistic apologies are seen as inadequate and insincere by victims of harm, and therefore may cause *more* harm, by producing negative psychological effects. They may also further antagonize an already difficult relationship because this type of apology can be seen as a further exploitation of the victim.
- There has been a growing trend toward providing apologies for major transgressions by governments. One of the more recent examples in Canada is the apology offered in June 2008 by Prime Minister Stephen

8. Leslie H. Macleod, “A Time for Apologies: The Legal and Ethical Implications of Apologies in Civil Cases,” pp. 12–13 (references omitted); available on this Inquiry’s website at www.cornwallinquiry.ca and on the CD of all research of the Cornwall Public Inquiry.

Harper to First Nations peoples regarding residential schools. Another relevant apology is that given in February 2004 by Premier Dalton McGuinty in respect to Ontario training schools.

- In concert with this “apology phenomenon,” of public apologies for large-scale and systemic harm toward specific groups, legislators both in Canada and abroad have been both considering and adopting legislation dealing with apologies in the civil litigation process in order to remove the legal barriers that may exist to providing an apology.⁹
- For many institutions and individuals, legal barriers stand in the way of providing an early apology, the largest of which is that an apology could be construed for civil litigation purposes as an admission of liability. In addition, there is a question as to whether a contract of insurance could be voided by providing an apology, a problem that can often leave no funds for those injured. Apologies legislation can provide clear protection for apologies in the civil litigation process, or at least clarify the consequences of apologies.

There are many reasons for enacting apologies legislation. Ms Macleod enumerated these in her research paper:

- legislation provides certainty as to how apologies will affect liability;
- legislative protection for apologies extends to all circumstances in which they are offered;
- legislative protection from liability will encourage individuals to take moral responsibility and offer apologies;
- apologies could reduce the frequency and intensity of lawsuits and encourage more open dialogue;
- apologies could lead to earlier, less expensive, and more satisfactory outcomes for aggrieved parties and wrongdoers; and
- apologies may also encourage healing and reconciliation and repair social relationships.¹⁰

While apology legislation may promote the giving of apologies, many do not feel that this protection is warranted or even fear that the protection offered will be misused, for example, to reduce payments. Ms Macleod lists the reasons against implementing apologies legislation:

9. See, in British Columbia, *Apology Act*, S.B.C. 2006, c. 19; in Saskatchewan, *An Act to Amend the Evidence Act*, S.S. 2007, c. 24; in Manitoba, *The Apology Act*, S.M. 2007, c. 25.

10. Macleod, “A Time for Apologies,” p. 81.

- the giving of apologies should not be shielded by legislation because apologies may be needed to establish liability;
- the public could find it confusing if offenders who admit fault under the protection of apology legislation are not found at fault at trial;
- apologies that do not enjoy legislative protection are more meaningful because the acceptance of risks associated with them suggests genuine contrition;
- apologies delivered under the protection of legislation may be insincere or perceived to be insincere, diminishing their value to the victim; and
- legislation could encourage the use of apologies for strategic reasons that may disadvantage or even further harm those injured.¹¹

During this Inquiry, the Attorney General for Ontario introduced apology legislation.¹² The legislation was passed by the Ontario Legislature and received royal assent in April 2009. The law removes the risk of civil liability from apologies, with some exceptions; for example, an apology made during a trial will not be shielded from any imputation of liability a judge may choose to find.

Legal concerns have not been the only barrier to apologies, and apologies legislation is not the only tool that is available to promote them. Aside from the legal barriers, Ms Macleod pointed to a lack of education, for both the public and professionals, about the value of apologies and how to craft an apology that will be welcomed. If such education and related research were available, attitudes could be changed and more meaningful apologies could be offered, providing benefits to the victim, the transgressor, and society at large. For example, there is very little education on the elements of an effective apology or the consequences of a poor apology. If the sincere intention is to heal and reconcile through apologies, understanding of what would enhance this outcome would be of genuine value.

Public Policy Considerations

It is clear to me that there are numerous benefits in offering and receiving meaningful apologies without the impediment of concern regarding litigation. Apologies can be instrumental in permitting the victim to heal and allowing individuals to reconcile their feelings and potentially their relationship with another person or organization. While perhaps the greatest benefits accrue to the victim, apologies

11. Ibid.

12. Apology Act, 2009, S.O. 2009, c. 3.

also offer benefits to those making apologies and to society as a whole. Unlike litigation, where the outcome is often “win-lose,” apologies can potentially be “win-win,” with the victim and the transgressor both receiving some benefit.

As detailed above, a meaningful apology encompasses much more than the words “I’m sorry.” In considering policies that could promote the making of apologies, I am mindful that such policies should not only provide the legal mechanism that would permit apologies to be made more freely, but should also provide those involved with the tools for meaningful apologies, apologies that are sensitive to the needs of victims.

The first consideration is whether it is beneficial to have the specific apologies legislation that has been enacted. While it is true that there are some protections for apologies under the common-law system in the context of settlement discussions, these protections are clearly not enough, in part because they are uncertain. Whether or not a situation is already the subject of litigation, lawyers may fear that any kind of apology will be against the interests of their clients and may advise, therefore, against providing one—unless protection for the statement is provided. This is the case even though apologies are not always equated as admissions of liability under the law of evidence and can be protected through various legal mechanisms, such as through “without prejudice” discussions and mediations. However, the proclamation of apology legislation provides protection in the civil litigation process for individuals and organizations providing apologies, and clarifies where protections are not available.

The reasons for not enacting apologies legislation are not as compelling as those in favour of the legislation. A finding of liability is rarely based on an apology alone, and many apologies already enjoy protection through the various existing mechanisms. Sophisticated litigants already know of these provisions. Yet as Ms Macleod notes, an absence of apologies legislation puts those who have not received legal advice at a disadvantage, as they may provide a spontaneous apology without knowing its consequences.¹³ The existence of apologies legislation does not by itself reduce the sincerity of an apology. In fact, it is arguable that with legislation, the ability to give more meaningful apologies—apologies that meet the needs of the victim—is enhanced because the need for a protective element to an apology is removed. Finally, the legislation does not compel the victim to accept the apology for any reason. This could actually result in pressure for more thoughtful and meaningful apologies.

Apologies often prompt settlement in civil cases and put an end to litigation without ever going to court. In other cases, an early apology may serve to avoid the litigation process altogether. Some victims are not interested in pursuing

13. Macleod, “A Time for Apologies,” p. 82.

litigation but really want only to receive an apology; they may feel forced to litigate because the transgressor or the organization behind the transgressor is not willing to apologize. Reducing the barriers to apologies would serve to promote early settlement and could in fact reduce the number of cases that go to court. This could benefit all of society.

As I noted earlier in this chapter, the Ontario Legislature has already decided to act with respect to this issue in passing the *Apology Act, 2009*.¹⁴ The legislation covers apologies and other expressions of regret. Such expressions will not be construed as or be admissible for purposes of proving liability in civil matters connected to the matter in issue. Nor will an apology or expression of regret void an insurance policy.

To enhance the positive effects of the *Apology Act, 2009*, it is important to ensure that there is education about the benefits of apologies, about how to provide apologies that are meaningful and avoid the type of apology that does more harm than good. The Government of Ontario is situated to take a leading role in such educational efforts by spearheading efforts in support of meaningful apologies and by encouraging professional organizations to provide workshops, in both official languages, to members of the public. In addition, funding could be provided to the Law Commission of Ontario or a similar entity to study the use of apologies in various situations and to establish protocols or toolkits that can be used by organizations or institutions and professionals when providing an apology or advising on an apology. This would help organizations that genuinely want to apologize to learn how to do it effectively and avoid common pitfalls.

Finally, in order to promote the widespread use of apologies, it is critical that professionals involved in the civil litigation process be educated about the potential benefits. In the context of a legal action, or even a potential legal action, the advice of most lawyers is to advise their clients against providing an apology in order to protect their legal interests. Even with the protection of legislation, lawyers and other legal professionals will need to be educated about how apologies may be valuable in satisfying the needs of both victims and transgressors so that they can pass on this information to their clients and advise them appropriately. The Government of Ontario should, by working with professional associations, encourage professionals to educate themselves about apologies and their effective use in civil litigation or instead of civil litigation.

I have considered whether providing an educational workshop on apologies in Cornwall would be helpful. The idea would be to provide institutions that were parties to this Inquiry, other interested local organizations, and the professionals advising them with a private session aimed at improving the effectiveness

14. *Apology Act, 2009*, S.O. 2009, c. 3.

of apologies. The sole purpose of this would be to enhance the potential for healing and reconciliation of any apologies that might be made. Attendance would not be an acknowledgement of past wrongdoing, but a way to understand how to make constructive apologies in future. I envision a session of this nature being of value, but not if misinterpreted or resented. It would have to be voluntary and entered into with the goal of providing healing to those receiving apologies. As a result, I would suggest that if local institutions or organizations are interested in having some education and training on enhancing the effectiveness of apologies, the organization that I have informally termed the “Reconciliation Trust” in Chapter 2 of this volume should consider such education and training for funding as part of its mandate for community healing and reconciliation.

Recommendations

1. The Government of Ontario should request that the Law Commission of Ontario, or a similar entity, study the use and effects of apologies and develop “promising or best practices,” protocols, and toolkits to promote and support meaningful apologies.
2. The Government of Ontario should work with associations, such as the Law Society of Upper Canada, the Ontario Bar Association, the ADR Institute of Ontario, the Ontario Medical Association, and the Insurance Institute of Ontario, to educate professionals about the effective use of apologies in the context of civil litigation. Such education should include the benefits and risks of apologies; legal and ethical issues that arise in connection with apologies; how to promote and protect the interests of disputants at each stage of the civil litigation process; and the elements of effective apologies from the viewpoint of those receiving apologies.

Ombudsman or Other Intervener for Those Who Have Been Victims of Sexual Abuse

What We Learned About a Possible Ombudsman for Survivors of Sexual Violence

Parties to this Inquiry were given the opportunity to conduct research within the mandate of Phase 2. Research by parties can be useful in promoting informed discussion and analysis of issues as well as expressing a diversity of opinions.

Parties to this Inquiry were invited to submit proposals for research that would relate to processes, services, or programs that would encourage healing and assist the community of Cornwall to move forward. The research proposals were not to

duplicate research already being undertaken or proposed to this Inquiry. It was clear that party research would be independent and may or may not reflect the views of this Inquiry.¹⁵

The Men's Project was one of the parties to this Inquiry that submitted a party research proposal: to research the potential role of an ombudsman for victims of sexual assault or abuse and how that ombudsman could potentially work. My Advisory Panel reviewed the proposal and advised that it be accepted and funded. I made a recommendation to the Ministry of the Attorney General for party funding, and this was accepted. Indeed, the issue of how to deal with complaints about institutions, how to make complaints, and how to resolve them lies at the very heart of the mandate of this Inquiry, so research on this mechanism was of value.

The Men's Project submitted a research paper entitled "An Ombudsman for Survivors of Sexual Violence: How Would It Work," prepared by David Bennett, LL.B., C.Med., and David Lizoain, B.A., M.Sc. The draft was received in February 2008, posted on this Inquiry's website, and circulated among counsel for comment. Mr. Bennett also presented his paper at a workshop held on April 22, 2008, on the topic of the potential role of an ombudsman for victims of sexual assault or abuse. In addition, the Inquiry brought two knowledgeable panellists to Cornwall to speak about their relevant experience: Steve Sullivan, the Federal Ombudsman for Victims of Crime, and Kwame Addo, an investigator with the Ontario Ombudsman's office. The final paper from The Men's Project was submitted on April 29, 2008, and posted on our website; it is also included in the CD of research papers which is part of this Report. I found The Men's Project research paper and the workshop helpful to me in analyzing all the issues involved.

Both during Phase 1 testimony and in Phase 2 public meetings, some people expressed frustration in their dealings with institutions. They indicated that they often felt that they were not being treated fairly or taken seriously and that they did not have realistic recourse for their complaints. The Men's Project, in its paper, set out a potential solution to these frustrations: the establishment of an Ombudsman for Victims of Sexual Assault/Abuse. This entity could assist those with complaints about how they had been treated by the institutions in their dealings and with help, to have those complaints resolved. I will not review the paper or the workshop in detail, as both are available on our website,¹⁶ and the research paper is contained in a CD of research forming part of this Report. I will instead outline some of the cogent points that were raised in both the paper and at the workshop:

15. See Statement of Commissioner G. Normand Glaude, February 28, 2007, p. 1.

16. See "Cornwall Public Inquiry—Phase 2—Research" at www.cornwallinquiry.ca and the CD that contains all research of the Cornwall Public Inquiry.

- An ombudsman is a neutral office that can assist individuals in addressing specific complaints about institutions through a more informal process. An ombudsman may also address systemic issues and make public recommendations on how to improve an overall institutional system. Such recommendations, however, are not binding on the institution.
- An ombudsman, by definition, is intended not to be adversarial but to be collaborative, which sets it apart from the traditional justice model. An ombudsman investigates to see if the complaint is warranted and then suggests methods for informal resolution. Most complaints brought to an ombudsman are resolved informally, and this informal aspect is seen as a key to resolving complaints quickly and effectively.
- An ombudsman's office is typically an office of last resort. Complainants are generally expected to have exhausted complaint mechanisms within the institution prior to contacting the ombudsman. Although it is not, therefore, a first-response centre, those who contact an ombudsman's office prior to contact with institutions would be referred appropriately to the place where their issue could be considered.
- A key feature in assessing any ombudsman arrangement is his or her independence from government or any other body by which it has been created. An ombudsman usually has security of tenure, so that he or she may not be removed from office simply because the government does not like his or her findings. Ombudsmen are generally established in a framework to make the office appear independent to the public, not too close to the government or other constituting body.
- Confidentiality is another important consideration for those using the services of an ombudsman or any similar intermediary. While most people would assume that their dealings with an ombudsman or similar body are confidential, this is not always the case. Protection of confidentiality would need to be legislated in order to ensure maximum protection of information provided by a complainant.
- In order to be effective and to be seen as having value, an ombudsman must have credibility, both with the public and with institutions. Credibility can be gained through his or her ability to convince others informally by the weight of information or the reasonableness of arguments. Credibility can also be bolstered by more formal powers, such as the power to compel witnesses and documents.

There are several different forms of ombudsman. The most salient of these for the purposes of understanding the research done by The Men's Project are the legislative ombudsman and the specialty ombudsman. Legislative ombudsmen are

created by statute and generally have broad jurisdiction over different institutions. An example would be the Ombudsman of Ontario, an office that has wide jurisdiction over various Ontario government institutions.

Specialty ombudsman, on the other hand, are created in order to deal with a specific or more focused issue or area of jurisdiction, such as the Federal Ombudsman for Victims of Crime, whose mandate is obviously limited to those harmed by crime. While specialty ombudsman can be created by statute or by executive authority, such as by Order-in-Council, their jurisdiction and focus are more limited in scope than that of a legislative ombudsman, and often lack that office's broader powers, such as the capacity to compel governments to provide documents.

Public Policy Considerations

In considering my approach to this issue, I considered numerous factors, which I will discuss in some detail.

It is not uncommon that those who have been sexually abused experience difficulties in dealing with public institutions. It seems to me that these difficulties typically arise at two distinct points. First, individuals may not know where to go for assistance or how to get involved in the justice system. Second, once they have sought assistance or have reported an alleged offence, they may have miscommunications or misunderstandings with the institutions mandated to respond to them. It is at this second point in the process that it is argued that an ombudsman can be of assistance, to help resolve problems survivors encounter when dealing with institutions.

Currently, there is no one place in Ontario where a survivor of sexual abuse or assault may go to make a complaint about an institution after he or she has exhausted internal mechanisms. The newly created Federal Ombudsman for Victims of Crime deals only with issues under federal jurisdiction and so is unable to help survivors who have issues with provincially mandated agencies such as Children's Aid Societies or the police, or with Crown attorneys, for example.

The Ombudsman of Ontario has wide legislative powers over government organizations in Ontario, and he conducted an extensive review of the Criminal Injuries Compensation Board that appears to have resulted in positive change.¹⁷

17. See the Honourable R. Roy McMurtry, O.Ont., Q.C., *Report on Financial Assistance for Victims of Violent Crime in Ontario* (Toronto: Ministry of the Attorney General, June 2008), pp. 23–24, where it is noted, "The Ministry and the Criminal Injuries Compensation Board have taken significant steps to address the Ombudsman's recommendations. Further I am advised that the number of complaints received by the Ombudsman about the Criminal Injuries Compensation Board has significantly dropped, and that the Ministry and the Criminal Injuries Compensation Board's quarterly reports have not caused him any concern regarding the implementation of his recommendations."

However, the Ombudsman of Ontario lacks jurisdiction over many institutions that survivors of sexual abuse come into contact with, such as boards of education, public hospitals, child welfare agencies, municipalities, and the police complaints review mechanism.¹⁸ The reason for a lack of jurisdiction in some of these instances is because the services are not provided directly by the government of Ontario. They are delivered by arm's-length agencies funded by the government but with their own governing structure, such as child welfare agencies and school boards. In the case of the police, a section of the *Police Services Act* removes the jurisdiction of the Ombudsman.¹⁹ I am aware that Ontario is one of only two provinces where there is no ombudsman oversight of child welfare agencies²⁰ and one of only three where there is no ombudsman oversight of police services.²¹

Those who have complaints with respect to the agencies outside of the jurisdiction of the Ombudsman of Ontario must use the legislatively mandated complaint mechanism, which for child welfare agencies is through the Child and Family Services Review Board, and for the police, the complaints process mandated under the *Police Services Act*.²² Police oversight mechanisms have been criticized as ineffective as they are procedural in nature and lack independent investigative powers. I note that the Ontario Legislature has enacted a new statutory regime to deal with police complaints,²³ including creating an Independent Police Review Director. These amendments, however, have not yet been proclaimed into force. In the case of the Child and Family Services Review Board, the Ombudsman of Ontario has stated that the Ombudsman has jurisdiction over systemic issues while the Child and Family Services Review Board's powers for resolution of complaints do not extend to systemic issues but are designed only to respond to individual cases.²⁴ The office of the Ombudsman of Ontario has been requesting jurisdictional extension over these areas for more than thirty years.²⁵

I am sympathetic to the plight of victims who have complaints about government services that are not currently under the jurisdiction of the Ombudsman of Ontario, but I also am of the view that circumstances dictate pragmatic setting of

18. Ombudsman Ontario, *Annual Report 2007–2008* (Toronto: Office of the Ombudsman, June 2008), p. 10.

19. *Police Services Act*, R.S.O. 1990, c. P.15, s. 78.

20. The other is Newfoundland and Labrador.

21. The others are B.C. and the Yukon.

22. *Police Services Act*, R.S.O. 1990, c. P.15, ss. 56–80.

23. S.O. 2007, c. 5, s. 10.

24. Ombudsman Ontario, *Annual Report 2007–2008*, pp. 13–14.

25. Ombudsman Ontario, *Annual Report, 2006–2007* (Toronto: Office of the Ombudsman, June 2007), p. 10.

priorities for expenditures and focus of effort. I tend to favour direct services and help to those abused in childhood or as young people. If there is improvement needed in service response, I prefer addressing this by education or additional resources. I agree with Mr. David Petepiece, who was asked by counsel for The Men's Project about the creation of another authority to get institutions to be more responsive. He said:

I don't see adding another body is going to accomplish anything. I think some of the organizations that exist now need to get tuned up ... so it's meaningless to have somebody have a mandate or the authority if they're not prepared to exercise it and putting another group in there with a mandate over those that already have a mandate, I don't see as a positive step.²⁶

An example of direct improvement would be to provide better training. Where public servants or other professionals would benefit from education and training, such investment is critical to afford a more sensitive and appropriate response to those who were abused. This education or training I recommended in Chapter 4 of this Report. However, I am not persuaded that either a new specialized ombudsman should be established for victims of sexual abuse or assault or that recommendations should be made to extend the jurisdiction of the Ombudsman of Ontario to agencies not already within its purview, solely to cover victims of sexual assault. The creation of a new speciality ombudsman's office could potentially be seen as favouring one group of victims over another. For example, if an Ombudsman for Victims of Sexual Abuse/Assault were established with jurisdiction over complaints about Children's Aid Societies and the police, an inequity would be created with respect to other victims, say, of serious assault, theft, or other crimes, who are unable to access similar mechanisms.

I am also concerned that the extension of jurisdiction could raise expectations that cannot be fulfilled. Survivors of historical abuse may be disappointed by or angered at police officers' decisions that reasonable grounds for a charge do not exist or a Crown attorney's decision that no reasonable prospect of conviction exists. An ombudsman cannot intervene to influence this discretion and the Ombudsman of Ontario does not intervene today in the discretion of Crown attorneys, notwithstanding its jurisdiction over government ministries. The Ombudsman of Ontario can already look into complaints regarding services, such as the Criminal Injuries Compensation Board or the Victim Quick Response Program, as the Ombudsman already has jurisdiction over Ministry of the Attorney General service delivery without need for augmentation in this area.

26. David Petepiece, testimony, February 8, 2007, transcript pp. 91–92.

In addition, extending the current jurisdiction of the Ombudsman of Ontario would create another layer of bureaucracy. One of the main reasons why the Ombudsman does not have jurisdiction over Children's Aid Societies and police services is that these agencies have established their own complaints resolution measures. Under the *Child and Family Services Act*, the Child and Family Services Review Board is able to review complaints made both by those who have received services from a CAS or those who sought services but were turned away.²⁷ Police also have their own complaints resolution mechanism, legislated under the *Police Services Act*.²⁸ As I stated, this mechanism has been restructured in such a way as to provide a more independent review process for complaints about police services, something more akin to the service of an ombudsman, although not identical. Specifically, this new mechanism will allow the Independent Police Review Director to review concerns of a systemic nature.²⁹ These legislative changes have not yet been proclaimed into law, so it is not known whether they will be effective. If the changes are proclaimed, providing the Ombudsman of Ontario with additional jurisdiction over police agencies would serve only to duplicate and confuse responses. The resources that would be used to provide ombudsman services in this area would, in my view, be better allocated to front-line services for victims of sexual abuse or assault or to train staff of responsible organizations such as police to be more responsive or sensitive to begin with. However, I expect that the effectiveness of the Independent Police Review Director will be reviewed; if it proves ineffective, then the Ombudsman solution could be reconsidered.

27. *Child and Family Services Act*, R.S.O. 1990, c. C.11, s. 68.1. Specifically, s. 68.1(4) states:

68.1(4) The following matters may be reviewed by the Board under this section:

1. Allegations that the society has refused to proceed with a complaint made by the complainant under subsection 68 (1) as required under subsection 68 (2).
2. Allegations that the society has failed to respond to the complainant's complaint within the timeframe required by regulation.
3. Allegations that the society has failed to comply with the complaint review procedure or with any other procedural requirements under this Act relating to the review of complaints.
4. Allegations that the society has failed to comply with clause 2 (2) (a).
5. Allegations that the society has failed to provide the complainant with reasons for a decision that affects the complainant's interests.
6. Such other matters as may be prescribed.

28. *Police Services Act*, R.S.O. 1990, c. P.15.

29. S.O. 2007, c. 5, s. 10. The new section 57 of the *Police Services Act* states:

57. In addition to his or her other functions under this Act, the Independent Police Review Director may examine and review issues of a systemic nature that are the subject of, or that give rise to, complaints made by members of the public under this Part and may make recommendations respecting such issues to the Solicitor General, the Attorney General, chiefs of police, boards, or any other person or body.

The issue of complaints about services provided in Ontario, can, at least in part, be attributed to the lack of assistance provided to victims at the outset of their efforts to get help. After experiencing trauma, people often find it difficult to navigate the system, thus increasing their frustration. In my view, instead of providing additional funding for complaints resolution after services have been provided, Ontarians would be better served by providing additional assistance to victims in obtaining the proper services or information at the beginning of their efforts to be served. Such services should be available to all victims of sexual abuse and assault, and to their families, to assist them in obtaining the proper and necessary assistance in each case. There are existing services that assist victims, notably Victim Crisis Assistance and Referral Services and the Victim/Witness Assistance Program (V/WAP). The former provides services at the crisis and short-term stages, and is not as useful throughout the journey of the victim of historical abuse.³⁰ The V/WAP is available only to victims in cases where charges have been laid. One important lesson learned from this Inquiry is that the majority of sexual abuse/assault cases do not result in charges being laid. Victims in cases where no charges have been laid, or indeed victims who are not reporting their abuse to police also have needs in terms of navigating the services available in this province, for example, assistance in finding counselling, crisis intervention, and assistance in reporting issues to other agencies, such as Children's Aid Societies. I would give priority to those needs being met by the Government of Ontario over the imposition of another oversight agency.

My Phase 1 Report recounts incidents that illustrate the circumstances in which a victim liaison person would have been helpful and would be helpful in future. In circumstances in which a victim wants an officer who is a man (or a woman), the victim liaison staff could explain to police why this was necessary, due to the intimate issues that would be discussed. Had this issue been resolved for Mr. Silmsen, it could have improved communications with the Cornwall Community Police Services. Another example of a helpful intervention would be to bring to the attention of authorities that an individual perceives his or her complaint is being ignored. Mr. Albert Roy thought he had made a complaint regarding a conversation he had in a police car, and the lack of response caused him hurt and anguish. If a neutral party had been able to follow up, the matter could likely have been addressed appropriately at an earlier stage. Where victims of abuse appear rude or angry when telephoning government offices, a victim

30. For example, VCARS administers the Victim Quick Response Program, which provides immediate assistance and is a good program. However, it authorizes up to 10 sessions or \$1,000 for counselling, only enough for a few weeks of sessions. It is highly unlikely that any related charge would have been laid and come to trial in such a period, meaning a victim might end up on the stand with no counselling support.

liaison person could intervene to see if the individual could benefit from stabilizing counselling so he or she would be in less distress and more effective in pursuing a report of historical sexual assault. At the same time, the liaison person could help in explaining that the response of anger is common for men, and that while rudeness is not acceptable, neither is it a reason to “write someone off.” Again, this type of intervention might have helped in respect to Mr. Silmsen. Another useful task for victim liaison staff that I would mention is to explain the complex justice and civil litigation system—roles and responsibilities of various participants at various stages. I think Mr. John MacDonald would have been helped by this, and it could have reduced his personal difficulties, and at an earlier stage.

Recommendations

3. The Government of Ontario should proclaim the legislative provisions establishing the Independent Police Review Director in the *Police Services Act* as soon as possible. It should review the effectiveness of this mechanism from the perspective of victims after it has operated for several years.
4. The Government of Ontario should ensure that those dealing with complaints about public services, whether they are provided through the Ombudsman of Ontario or through independent complaints boards, have been trained in dealing with those who have experienced sexual abuse or assault and that they are able to offer specialized services, such as appropriate referrals and sensitive responses.
5. The Government of Ontario should establish a province-wide victim liaison service to assist victims in accessing services relevant to their needs, not only at the crisis or immediate stage, but also on a long-term basis. In establishing such a service, priority should be given to Cornwall and the Stormont, Dundas and Glengarry area.

Confidentiality Provisions in Civil Settlements

What We Learned About Confidentiality Provisions

When the idea of a policy roundtable on the issue of confidentiality provisions in civil settlements was suggested by a party to this Inquiry, Citizens for Community Renewal, my staff undertook a review of case law and literature to ascertain if convening a discussion would usefully add to the body of information and issue definition needed to assess public policy change. It was a short review. There is little written on civil settlement confidentiality provisions, and there is very little case law. As a result, I authorized a panel discussion on confidentiality provisions. I should clarify that the focus of this discussion was not on illegal provisions

regarding payment for agreement not to proceed with testimony in a criminal case. What I wanted the panel discussion to canvass were existing legal practices in civil settlements—a clause whereby the parties promise to keep all or some of the settlement details secret. I was motivated in part by the knowledge that in the case of sexual abuse of children and young people, secrecy is a burden, an exacerbation of the trauma of abuse. Do common civil settlement practices in fact increase the burden of secrecy?

A distinguished panel gathered in December 2008: Professor Erik Knutsen of Queen's University, mediator Steven Gaon, and Simona Jellinek, a lawyer with expertise representing victims of historical sexual abuse. Professor Knutsen commented on how little has been written by academics in this area, and also flagged the area as one of policy significance. I will not replicate the full discussion of the panel, which was posted on our website,³¹ but rather will distil key points:

- Most litigation regarding incidents of historical or current sexual abuse of children do not proceed to the courts but are settled in court-mandated mediation, voluntary mediation, or voluntary agreement. As a result, what happens in these processes affects the majority of individuals and institutions involved in disputes.
- Not enough consideration is given to confidentiality provisions in settling claims related to sexual abuse. Unless a highly knowledgeable lawyer or mediator is involved, it is treated as “routine paperwork” at the end of settlement discussions, and broad “boilerplate provisions”³² are used. As a result, the unique needs of individuals in sexual abuse cases are not often considered or discussed.
- The legal consequences of breach of these confidentiality provisions are unclear and the process for enforcement in court may not be practical for either party. In addition, while the words may seem to indicate, for

31. Posted in December 2008 at www.cornwallinquiry.ca/Phase 2/Meetings.

32. Examples of “boilerplate provisions” were provided by Steven Gaon, as well as some clauses that appear to have been more clearly negotiated, as follows:

“I FURTHER AGREE to keep the terms of the Superior Court Action, the settlement terms and this Release strictly confidential, except that I may discuss these matters with my immediate family members and legal and financial advisors.”

“I ACKNOWLEDGE that the settlement herein does not represent any admission or recognition of liability on the part of the Releasee.”

“I FURTHER AGREE to keep the sum of money paid to me in settlement of the Superior Court Action, strictly confidential, except that I may discuss these matters with my immediate family members and legal and financial advisors. Notwithstanding the foregoing, nothing in this Release shall prohibit me from discussing all other matters related to the Superior Court Action or the matters pleaded therein with anyone.”

example, that those settling cannot discuss anything with their spouse or counsellor or answer investigatory questions from a professional association or regulator, is this really what is contemplated by the parties or acceptable as public policy?

- When settlement terms are reached, the person who is receiving the monetary payment may not have considered his or her long-term needs, or have been advised on this. As a result, he or she may find that the “burden of secrecy” grows over time, or may wonder how to interpret this promise—wondering whether it is possible to discuss the settlement with a new husband or wife, or with a police officer or authority at a professional or self-regulating association who has contacted that person because he or she has been identified by others as a possible victim of an individual who is being investigated.
- The needs of defendants and plaintiffs vary. For example, plaintiffs sometimes wish to keep their identity private and to keep the amount of a monetary award private; defendants may also wish to keep private information about the money they have paid, but may in addition wish to keep secret the existence of a settlement and who or what was involved. As a result, the bargaining chip of confidentiality may have monetary value, although this may not be fully realized if serious attention is not paid to the issue during negotiation.
- In many situations, the money available for settlement is coming from insurance, and the insurance company’s counsel will then be involved in defence and settlement; the insurer may in fact be the true decision maker in the settlement and may insist on its stated standard confidentiality provisions as a matter of practice or due to a concern that more cases will come forward if the settlement is widely known. As a result, some organizations cannot be flexible on confidentiality provisions, even though they understand the impact of secrecy for victims of abuse and wish to be more open.

32. *Cont’d.*

“I solemnly promise that the terms of this Agreement will be kept strictly confidential by me and, without restricting the generality of the foregoing, will not be communicated to or discussed with, directly or indirectly, representatives of the media or any other person whosoever. It is understood, however, that I may discuss the terms of this Agreement with my legal advisor and one member of my immediate family on the condition that such person agrees to abide by the same terms of confidentiality regarding this information as I am agreeing to in this Release. It is further understood that any breach of these terms will, at the option of the Releasee, void the within settlement and/or give the Releasee the right to commence legal proceedings against me to prohibit me from divulging the terms of this Agreement, including injunctive relief, without notice, and to seek legal costs from me on a substantial indemnity scale.”

Public Policy Considerations

In considering the approach to recommend, I was persuaded by a number of policy considerations, which I will discuss.

Civil litigation and settlement is a process between private persons. There are also public policy interests, but they are not the same as in criminal cases, where the public, through its government, is directly engaged. I am persuaded that some change is needed, but I would be cautious in intervention. Each case can have factors that need to be considered, and the interests of those involved may vary.

While decisions about confidentiality can be negotiated in civil settlements, it should not be in an environment where such negotiation is not truly happening. It is one thing for educated decisions to be made, another for a confusing or inappropriate boilerplate clause to be inserted at the end of settlement with no true discussion. Given the sensitivity of secrecy for victims of childhood abuse, more attention needs to be paid to those negotiations and to the long-term impact of confidentiality.

While freedom to negotiate in civil settlement should be recognized, there should be areas where public policy considerations are given greater prominence. There is little case law on confidentiality provisions, so it is not certain how courts would respond in any given case. However, in interpreting settlement language, I can see that there could be reluctance to conclude that an individual cannot speak to his or her physician or counsellor about his or her abuse just because it was described in documents discussed in mediation, or that survivors could not discuss with counsellors the settlement process and its impact on them. It also seems to me that interpreting a clause to prohibit discussions between spouses or close family would raise issues of public policy, since spousal communications are usually accorded considerable deference in law. Similarly, if an investigation was proceeding within a self-governing profession and there was a general confidentiality clause, it does not seem appropriate to conclude that the effect of the clause would be to prevent a victim from responding to or reporting to a professional organization. However, those signing confidentiality clauses may not realize what the clauses mean or how they apply, as those clauses are not clear or comprehensive; and their lawyers, in giving advice, are likely to be conservative in interpretation. It would be far better if standard clauses, when entered into after real discussion, were explicit on these points and relevant to the situation. It should not be that standard clauses in abuse cases routinely refer to financial advisors and not to counsellors. If insurance companies or their counsel are the impediment, some amendments to regulations to the *Insurance Act* should be made. In saying this, I recognize that many insurance companies and their counsel, upon understanding the need for greater clarity in confidentiality agreements and the issues from the perspective of those who have been sexually abused, may make changes voluntarily.

While I defer to the idea that private settlements should respect private negotiations and that intrusion of the public through their governments should be limited, I think there are different policy considerations when one party is a public institution. Behind the government ministry or the publicly funded organization are the people of Ontario. I think that most members of the public would understand the reasons to keep confidential the name of a person who was abused and the amount of the payment made by a government ministry or agency to that person. However, beyond that, I do not see that there is a public interest in enforcing confidentiality; and in particular, I do not see why the taxpayers should pay additional monies to an abused person to keep information confidential, particularly where the individual does not really want confidentiality and is being pressured into agreeing. Such a situation would not be desirable for the individual receiving the money or for the public at large who are paying. As I result, a comprehensive change should be undertaken in respect to confidentiality agreements in sexual abuse cases involving the Government of Ontario or organizations such as school boards, police services, or Children's Aid Societies. This is not unprecedented. For example, the Government of Canada changed its approach on confidentiality provisions for residential school settlements.³³

I would note that I was invited by Bishop Durocher of the Diocese of Alexandria-Cornwall to make recommendations to the Diocese; and further, he indicated that I might also make suggestions to the Canadian Conference of Catholic Bishops.³⁴ I have ruled in the context of Phase 1 proceedings that there is jurisdiction to make recommendations to the Diocese in the context of this Inquiry, but I appreciate Bishop Durocher's invitation and suggestion to broaden discussions to include his colleagues responsible for dioceses across Canada. As context for those discussions, I would say that similar reasoning applies to religious institutions as applies to governments. There is an expectation that religious institutions, like governments, will exemplify high standards of conduct. A high standard of conduct would be to recognize that if there are grounds for settlement of cases involving sexual abuse of children or young people, past harm should not be exacerbated by the burden of future secrecy. In this respect, in closing submissions in Phase 1, counsel for the Diocese of Alexandria-Cornwall indicated the Diocese has recently adopted a policy that does not require confidentiality clauses in settlements of cases of sexual abuse and that it

33. In 2000, the Law Commission of Canada's report entitled *Restoring Dignity: Responding to Child Abuse in Canadian Institutions* recommended, at p. 179, that governments not impose confidentiality provisions on civil settlements with survivors. Indeed, in the final settlement reached May 6, 2007, no confidentiality requirements were required by the Canadian government as part of the settlement of claims. See www.residentialschoolsettlement.ca/settlement.

34. Paul-André Durocher, testimony, September 2, 2008, transcript pp. 142–43.

will waive those given in the past.³⁵ If this is the case, I commend this policy change. I would note that this has been the case for the Roman Catholic Church in Australia for some time, as noted in the 2004 Australian Senate Report *Forgotten Australians*.³⁶

Recommendations

6. The Government of Ontario should direct all ministries or agencies under its jurisdiction to cease requiring or requesting confidentiality agreements in settling cases involving sexual abuse except to protect the identity of the individual receiving any payment and the amount of payment, but only if the individual wants to protect his or her name or the quantum of payment; the Government of Ontario should not enforce confidentiality provisions in past agreements except in exceptional circumstances.
7. The Government of Ontario should pass legislation in respect to institutions such as school boards, Children's Aid Societies, and police forces requiring them to adopt a policy regarding confidentiality agreements similar to that adopted by the Government of Ontario within a period of three years; in the meantime, such organizations are urged to consider voluntary change.
8. The Diocese of Alexandria-Cornwall should maintain a policy on confidentiality provisions in settlement agreements similar to those recommended for the Government of Ontario.
9. Regulations to the *Insurance Act* should be amended to provide that it be an illegal insurance practice for an insurer to suggest or insist on settlement provisions that restrict discussions of abuse and related settlements with spouses, close family members, financial advisors, physicians, counsellors, police, or regulatory authorities.
10. Mediators', arbitrators', and lawyers' organizations should conduct educational sessions to sensitize mediators, arbitrators, and lawyers to issues involving confidentiality clauses in settlement of cases involving sexual abuse, with particular focus on the impact of the burden of secrecy. In addition, mediators' and arbitrators' organizations should develop a series of "promising or best practice" confidentiality provisions for use in sexual abuse cases. Such "promising or best

35. Diocese of Alexandria-Cornwall, Phase 1 Submission, February 19, 2009, p. 137.

36. Senate Community Affairs References Committee, *Forgotten Australians: A Report on Australians Who Experienced Institutional or Out-of-Home Care as Children* (Commonwealth of Australia, August 2004), p. 234.

practice” provisions should make it clear that individuals may discuss their abuse and any related settlement with spouses, close family members, financial advisors, physicians and counsellors, and police or regulatory authorities.

Sentencing

What We Learned About Trends in Sentencing

An issue that came up during Phase 1 testimony and Phase 2 meetings and events was that of the sentencing of those convicted of sexually abusing children in our society. I heard many voices calling for “tougher sentences” for those convicted of sexual violence against children.³⁷ I am not mandated to recommend stricter sentences for offenders, given that this is an area within the jurisdiction of the federal government. However, I am mandated to deal with the institutional response of the Ontario justice system, which includes the way in which courts have dealt with those who sexually offend against children from a policy perspective, and to make recommendations to strengthen the response of the justice system when dealing with sentences.

In response to the issue of sentencing, I approved a study of sentencing trends in Canada from 1969 to 2008. The study was undertaken by Phase 2 Commission staff: Angela Long, a policy analyst with this Inquiry and doctoral candidate at the University of Ottawa, Faculty of Law, was the chief author. She was assisted by Louise-Michelle Tansey-Miller, a graduate of the LL.B. and LL.L. programs at the University of Ottawa. The objective of the study was to examine trends in sentencing in Ontario, Alberta, and Québec for those who offended sexually against children in an extra-familial situation, between 1969 and 2008. The sample of cases used in this study was drawn from those reported, and did not represent all cases, although reporting in more recent periods is more comprehensive. In examining the results of this study, it should be kept in mind that obtaining a complete record of all cases was not possible. In the sample covered by the study, cases were divided up into four discrete time periods, relating to major changes both within the criminal law dealing with sexual assault and in the sentencing of sexual assault cases. The research provided an analysis of sentencing trends in respect to sexual abuse by persons in a position of authority over or having

37. See, for example, Scott Burgess, testimony, October 19, 2006, transcript p. 4; Dawn Raymond, testimony, October 31, 2006, transcript p. 60; Helen Dunlop, testimony, September 20, 2007, transcript p. 31; Claude Thibault, testimony, October 2, 2007, transcript p. 19; Fernand Vivarais, testimony, October 21, 2007, transcript pp. 151–52; and Building Hope, Trust and Pride (Phase 2 community meeting), minutes of meeting of May 2, 2007, p. 4.

another special relationship with a child or young person, such as teachers, clergy, foster parents, child/youth workers, and school workers. It did not deal with offences perpetrated by family members. The study took several different variables into account, such as whether the charge was with respect to a current or a historical offence, the relationship between the offender and the victim, the sex of the victim, the age of the victim, whether the offender pleaded guilty or was found guilty after trial, and whether the offender had a prior record for sexual offences against children.

A draft of the study was completed in September 2008 and was circulated to counsel for the parties and posted on this Inquiry's website for comment. A workshop was held on October 22, 2008, to disseminate the results of the study and to solicit further comment from the parties and the public. In addition to the two co-authors of the study from the Commission staff— Ellen Campbell, Founder and Executive Director of the Canadian Centre for Abuse Awareness and the Martin Arnold Kruze Memorial Fund, and a former Crown prosecutor, Scott Newark—presented their views on the topic of sentencing.³⁸ The final paper was submitted in January 2009 and is posted on the Inquiry's website;³⁹ it is also included in the CD of Inquiry-commissioned research.

The intent of the paper on sentencing trends was to provide some broad conclusions about the sentencing of offenders in non-familial cases of child sexual abuse. Given the breadth and complexity of factors involved in the sentencing process, this study can only point to some general issues. However, based on the information from the sample reviewed, it is clear to me that further, more in-depth study with respect to this issue is necessary. I will highlight some of the findings of the paper below:

- There is a lack of comprehensive statistical information with respect to sentencing in Canada. The areas in which information is lacking includes things such as the relationship between the offender and the victim, the age of the victim, and the sex of the victim.⁴⁰
- The vast majority of offenders in non-familial child sexual abuse cases in all three provinces were male. A small number of female offenders was reported in all three provinces.⁴¹
- In both Alberta and Ontario, the majority of victims in non-familial child sexual abuse cases were female. In Québec, however, the majority

38. See Appendix B, Research Workshops.

39. See Cornwall Public Inquiry website (www.cornwallinquiry.ca/Phase 2/Research).

40. Angela M. Long and Louise-Michelle Tansey-Miller, "Non-familial Child Sexual Abuse: Sentencing Trends in Alberta, Ontario & Québec," p. 85, at www.cornwallinquiry.ca and the CD which contains all research of the Cornwall Public Inquiry.

41. *Ibid.*, pp.101–2.

of victims were male. In all three provinces, there were significant numbers of both male and female victims reported.⁴²

- Relationships of trust were present in 38 percent of all cases of child sexual abuse in Alberta, 36 percent of cases in Ontario, and 45 percent of cases in Québec; in all three provinces, this is significantly higher than the percentage of perpetrators who are strangers.⁴³
- The most commonly charged offence in cases of non-familial child sexual abuse in all three provinces is sexual assault. Sexual assault may be used because there are fewer elements of proof. It should be noted that sexual assault is not an offence that has a mandatory minimum sentence.⁴⁴
- The vast majority of offenders convicted of non-familial child sexual abuse offences receive either a custodial or a mixed custodial and probationary sentence upon conviction. While other sentences, such as a suspended sentence with probation, exist, they represent a very low percentage of the total number of cases.⁴⁵
- Conditional sentences have become an important sentencing tool in cases of child sexual abuse. In the period from October 1996 to June 2008, conditional sentences and conditional sentences with a probationary period became the second most common sentencing option in all three provinces.⁴⁶
- On average, the sentences for those convicted of child sexual abuse were highest in Alberta.⁴⁷
- In Alberta and Ontario, there is a clear downward trend in the average length of custodial sentences imposed upon those convicted of non-familial child sexual abuse. In Québec, however, there is an upward trend.⁴⁸
- Alberta reported the longest overall average custodial sentence for cases of historical child sexual abuse. Ontario was very close behind, with Québec's average being significantly lower than both Alberta's and Ontario's.⁴⁹
- In both Ontario and Alberta consistently, over all four time periods, the average length of custodial sentence for those who were in a

42. *Ibid.*, pp. 93–100.

43. *Ibid.*, pp. 103–7.

44. *Ibid.*, pp. 128–30, 180–82, 231–33.

45. *Ibid.*, pp. 120–22, 171–74, 223–25.

46. *Ibid.*

47. *Ibid.*, pp. 274–78.

48. *Ibid.*

49. *Ibid.*, p. 281.

relationship of trust with the victim was significantly lower than the average length of custodial sentence for offenders who were not. In Québec, for the first two time periods studied, those in relationships of trust were on average sentenced to a longer custodial sentence than those in non-trust relationships. However, in the two most recent time periods, this trend has reversed in Québec, with non-trust cases receiving a longer average custodial sentence than trust cases.⁵⁰

- In all three provinces, dangerous offender and long-term offender designations were seen almost exclusively in non-trust cases, with only a few such designations in cases with a relationship of trust.⁵¹
- In both Alberta and Québec, those who have previously been convicted of a crime involving the sexual abuse of a child receive a proportionately longer sentence than those with no such record (31 and 24 months respectively), while in Ontario, the average difference was lower, at 14 months.⁵²
- Historically, in both Alberta and Ontario, sentences were longer where female victims were involved. However, in the more recent past, the sentences have levelled out based on the sex of the victim, with Alberta achieving near parity in sentences, and Ontario actually having, on average, longer sentences for offenders whose victims were male. In Québec, however, those who offend against females still receive a longer average sentence than those who offend against males.⁵³
- In both Alberta and Ontario, there was an overall net decrease in the average length of custodial sentence on appeal from the sentence imposed at first instance. In Québec, however, there was a net increase in the average length of custodial sentence on appeal from the sentence imposed at first instance.⁵⁴

Public Policy Considerations

The sentencing of those who have committed sexual crimes against children is clearly a difficult and multi-faceted issue that deserves careful consideration. I heard in both Phase 1 and Phase 2 that people were frustrated with what they considered to be lenient sentences meted out for crimes involving the sexual abuse of children. It was a topic that came up in several Phase 2 public

50. *Ibid.*, pp. 283–87.

51. *Ibid.*

52. *Ibid.*, pp. 288–90.

53. *Ibid.*, pp. 290–91.

54. *Ibid.*, pp. 325–28.

meetings.⁵⁵ However, the length of sentences is but one part of the sentencing picture. This issue requires a more detailed analysis of the effects of child sexual abuse.

First, though, I want to offer a clear caveat. As noted by the authors of the paper, those who are sentenced, whether in cases of child sexual abuse or for crimes generally, represent only a small fraction of actual crimes perpetrated. As has been noted by experts in sentencing, only about 2 to 5 percent of crimes perpetrated actually reach the sentencing stage.⁵⁶ We also heard that sexual crimes against children are underreported.⁵⁷ In Volume 1 and in Volume 2, Chapter 4, of this Report, I have dealt with some of the reasons why children are reluctant to report abuse. However, just looking at the percentage of sexual crimes perpetrated against children, even without accounting for the low reporting rate, is sobering. The Canadian Centre for Justice Statistics states that in 2003 children made up 21 percent of the Canadian population but were victims in 61 percent of reported sexual assault incidents.⁵⁸ So while sentencing is an important part of the justice response to child sexual abuse, the statistics I have cited above indicate that sentencing is not an entire solution. Clearly, the vast majority of cases never reach the stage where the perpetrator receives a sentence. Sentencing measures can be a part of the solution in combating child sexual abuse, but they should not be seen as the way to prevent abuse or to help when it happens. Instead, we must be committed to tackling the problem from a variety of angles, many of which I have detailed elsewhere in this Report, including increased public awareness, education assistance, and intervention for those who perpetrate or fear that they may perpetrate.

The research provided by the sentencing study indicates to me that there may be disparate sentencing practices in cases of child sexual abuse. These disparities appear on two different levels, which I will address in turn. The first is with respect to sentences for those in relationships of trust to their victim, as opposed to those who were strangers to the victim. The study indicated that the majority of cases in each province were cases in which the offender was in a position of trust to the victim, such as a teacher, babysitter, coach, or friend of the family.⁵⁹

55. See Building Hope, Trust and Pride: Technology and Child Exploitation: Risks and Opportunity (Phase 2 community meeting), minutes of April 15, 2008, p. 8, and Building Hope, Trust and Pride (Phase 2 community meeting), minutes for May 2, 2007, p. 4.

56. Julian V. Roberts and David P. Cole, "Introduction to Sentencing and Parole," in *Making Sense of Sentencing*, edited by Julian V. Roberts and David P. Cole (Toronto: University of Toronto Press, 1999), p. 8.

57. Nico Trocmé, testimony, February 15, 2006, transcript p. 80.

58. Canadian Centre for Justice Statistics, *Family Violence in Canada: A Statistical Profile 2005* (Ottawa: Statistics Canada, 2005), p. 69.

59. Long and Tansey-Miller, "Non-familial Child Sexual Abuse," pp. 91–95.

This finding is supported by the general literature on the subject, and Dr. Wolfe, in his contextual evidence, confirmed it, stating:

Clearly, the acquaintance molester is much more common although we still want to think of it as the stranger, the violent, the really frightening person that hunts children in his car and grabs them. Those still exist. We all have to be aware of that, but the reality is that it's more likely to be his coach than it is to be the guy in the car.⁶⁰

However, those offenders who were in relationships of trust to their victims received substantially shorter sentences, on average, than those offenders who were not known to the victim. For all time periods, the average custodial sentence received in Ontario in relationships of trust was 25.45 months, but it was 37.93 months in non-trust relationships; in Alberta, the average in trust cases was 36.52 months and 48.07 months in non-trust cases; and in Québec, it was 28.10 months for trust cases and 33.44 months for non-trust cases.⁶¹

I heard consistently throughout this Inquiry that the effects of abuse perpetrated in relationships of trust can be severe. Because of the very nature of relationships of trust, the breach of that relationship by sexual misconduct can potentially have more far-reaching impact than abuse perpetrated by a stranger. These effects are present from the very beginning of a child's ordeal. If the adult who abuses is well regarded or prominent, there may be a reluctance to believe a child when he or she reports abuse. This is because of the dominant image of the abuser as stranger that has been perpetuated in our society. In his contextual evidence, Dr. David Wolfe stated that society tends to believe children who report that they have been abused by a stranger, whereas there is reluctance to believe reports of abuse by someone in a position of trust, because of that pre-existing relationship of trust. With respect to cases of stranger abuse, he stated:

Well, when it's a stranger ... no one doubts the child's innocence in those cases. The child has nothing to do with a stranger attacking them and we'll give the child more support. We'll do all the right things to believe the child and consequently, it's—I shouldn't say easier to recover but the children's chances of recovering are better in those circumstances because they have all the issues, all the support and there isn't a trust relationship.⁶²

60. David Wolfe, testimony, February 13, 2006, transcript p. 69.

61. Long and Tansey-Miller, "Non-familial Child Sexual Abuse," p. 284.

62. David Wolfe, testimony, February 13, 2006, transcript p. 67.

In contrast, in cases of abuse by a person in a position of trust, he stated:

When I speak to adults who have been abused as children, one of the most fundamental things that they complain of is the breach of trust, someone that they cared about typically, their coach or their teacher. Someone that meant something to them turned out to be someone they are not and taking advantage of them. That's very hard for us to accept. Adults—as I say, their parents may also have trouble accepting that someone we cared about, our clergy, our principals of our schools, whoever, actually was abusing us as well as our children.⁶³

Even when a child is believed in a case of abuse by a person in a position of trust, there are often more far-reaching psychological effects for the victim. The victims in breach-of-trust cases often have a strong relationship with the offender, which leads to conflicted feelings about their abuse.⁶⁴ Dr. Wolfe expanded on this notion, stating:

People have a difficult time grasping the notion that 30 years later you could still be carrying around in your head self-blame and guilt and shame and so forth around something where someone groped you, a babysitter groped you once, but it can happen, and it can happen especially if that babysitter was your cousin or someone important in your life. Because you're constantly battling in your mind, why would he do this to me? Why did I deserve this? I thought he cared about me. So it really depends how important that person was to you. It's often easier—it's still difficult—if the person didn't mean much. It was a bus driver, someone you saw once or twice, didn't mean anything to you, especially if you told someone and it was clarified that you weren't at fault. You will probably recover from that.⁶⁵

In the sentencing reform of 1996, Parliament enacted a specific provision that mandated judges to take breach of trust into account as an aggravating factor. Section 718.2 states:

718.2 A court that imposes a sentence shall also take into consideration the following principles:

63. *Ibid.*, pp. 66–67.

64. David Wolfe, Exhibit 16, Tab 3, p. 4.

65. David Wolfe, testimony, February 13, 2006, transcript pp. 105–6.

- (a) a sentence should be increased or reduced to account for any relevant aggravating or mitigating circumstances relating to the offence or the offender, and, without limiting the generality of the foregoing,
 - (iii) evidence that the offender, in committing the offence, abused a position of trust or authority in relation to the victim.⁶⁶

While section 718.2(a)(iii) was not implemented to specifically deal with cases of child sexual abuse, its applicability is nonetheless clear. Should there be evidence of a breach of trust in a case of child sexual abuse, it should be considered an aggravating factor upon rendering a sentence.

The sample of cases and information in the study commissioned by this Inquiry would indicate that, on average, offenders who were in a relationship of trust with their victim are receiving shorter custodial sentences than those not in a relationship of trust. I am concerned that this may indicate that the aggravating factor of breach of trust is not being adequately addressed in child sexual abuse cases. However, sentencing is a complex process, involving a myriad of factors related to the individual offender and the offence committed. There could be other factors in play in the longer length of sentence imposed on “strangers,” such as whether the offender has a criminal record, whether he or she has engaged in rehabilitative programs post-offence, or whether a gun was used in commission of the offence, since use of a firearm brings with it a minimum sentence.

Despite the fact that there may be explanations for some differences, the consistent patterns for the average sentences for those in trust relationships and those who are not, given the evidence of increased negative impact on the victim, signals to me that more attention needs to be paid to the relationship between the victim and the offender within the sentencing process. For example, Crown attorneys need to have available to them the proper information and expert evidence to call upon about the impact of abuse in order to effectively argue for an increased sentence due to a breach of trust. They may need funds for specialized reports in some cases. All partners in the justice system might find education with respect to the impacts of sexual abuse, especially within relationships of trust, helpful so that they may better take this information into account in sentencing.

Considerations of abuse of trust are but one part of the considerations in sentencing. The study also showed that there have been various counterintuitive factors used by the justice system in arriving at a sentence, such as the prior

66. *Criminal Code*, R.S.C. 1985, c. C-46, as amended.

good character of the offender. It should be noted that the “good character” of the offender may actually have allowed him or her to more easily perpetrate abuse against children or young people. In addition, it appears from the sample of cases in the study commissioned by this Inquiry that a lack of physical harm has been used as a mitigating factor in abuse cases involving trusted adults.⁶⁷ This may appear to diminish the psychological harm suffered when a child is abused by a person in a position of trust or authority,⁶⁸ even though this type of abuse may be just as harmful as or even more harmful than abuse involving physical harm, as Dr. Wolfe explained in his expert testimony.⁶⁹ The education and information provided to those working in the justice system should include salient facts and information about child sexual abuse by trusted adults and the harm that it causes. In Chapter 4, I have discussed the need for professional education about all aspects of sexual abuse for children and young people. I have also made suggestions on educational programs in this area to be developed for and by an independent judiciary. Pervasive myths about sexual abuse of children or young people in our society, such as the fact that it is most often perpetrated by strangers or that there is less long-term impact because there is little physical harm, are myths held by our society at large; those in the justice system are not exempt from accepting myths but are amenable to education.

Another difference that I noted on review of the study on sentencing trends related to the length of average sentences by province. Among the three provinces that were the subject of the study, the average length of custodial sentences in cases of child sexual abuse varied widely. The longest average custodial sentences were found in Alberta and the shortest in Québec.⁷⁰ In addition, the provinces had different trends with respect to increasing or decreasing sentences over time. Both Ontario and Alberta were experiencing decreases in the average length of custodial sentences over time while in Québec, there was an increase.⁷¹ Given that the criminal law in Canada is under federal jurisdiction, one would not expect to find such varying results between the provinces. It is my view that the presence of these disparities is something that should warrant both provincial and national

67. Long and Tansey-Miller, “Non-familial Child Sexual Abuse,” pp. 108–16. As well, a common aggravating factor used in sentencing is the impact on the victim, and this is sometimes connected to the degree of physical violence. However, as Dr. Wolfe explained in his testimony, in cases of abuse within relationships of trust, violence is not commonly used but the impact is still very serious, or even more serious than in cases of violence perpetrated by strangers; see David Wolfe, testimony, February 13, 2006, transcript pp. 70–72.

68. Long and Tansey-Miller, “Non-familial Child Sexual Abuse,” pp. 119.

69. David Wolfe, testimony, February 13, 2006, transcript pp. 67, 105–6.

70. Long and Tansey-Miller, “Non-familial Child Sexual Abuse,” pp. 274–80.

71. *Ibid.*

attention and study in order to achieve more national consistency in sentencing practices in all child sexual abuse cases, or at least to better explain to the public why there are differences.

Recommendations

11. The Ministry of the Attorney General should undertake a thorough review of sentencing practices in cases relating to child sexual abuse in order to determine whether Crown policies and procedures should be revised.
12. The Ministry of the Attorney General should provide appropriate expert information and training to Crown attorneys so that they may provide appropriate submissions to courts in cases of sexual abuse by a trusted figure. Funds should be available for reports needed in certain cases. In addition, expert information and education should be made available to all the partners in the justice system to ensure that up-to-date information about impact of the abuse of children and young people by those in positions of trust or authority is well understood.
13. The Government of Ontario should approach other provinces and the federal government with a view to instituting a review of sentencing in child sexual abuse cases. Such review should include consideration of appropriate sentence lengths, the keeping of appropriate and accessible statistical information regarding sexual abuse of children or young people, and the practices and procedures related to the sentencing of offenders in such cases.

Programs and Services in Ontario

Healing Cannot Happen Without Help

When a young person is a victim of sexual abuse, the impact may be life-changing and lifelong. When children experience sexual exploitation at the hands of those who should have nurtured and protected them, it may affect these children not just for that time or with that trusted adult, but for all time and with all adults.

When an adult who was sexually abused carries a lifetime of denial, guilt, and shame, he or she may have responded to that abuse in ways that greatly worsen his or her life circumstances. Negative responses can include drinking, drugs, problems with anger that lead to criminal conduct, failed relationships, difficulty in school or at work, cycles of hospital admissions, self-harm, and physical illness.

It is essential to understand both the initial impact of abuse and its potential impact over a lifetime. This understanding should lead to acceptance of the premise that those who were sexually abused need and deserve help in healing.

Some children or young people get help because they have supportive families, teachers, social workers, physicians, and counsellors, and thus they avoid the worsening life journey that comes from unresolved trauma. Some who were not aided when young have found assistance in adulthood with a supportive spouse, a strong AA sponsor, productive work, understanding friends, or a perceptive family doctor. They have found the resilience to battle the impact of sexual abuse and lead a life of the usual joys and sorrows, accomplishments, and challenges. However, not everyone can heal from a history of sexual abuse without assistance, nor is this a reasonable expectation. While some are fortunate in finding help through those they already know, it is often the case that sources of support outside family or friends are needed, or even that people need outside assistance to get to the stage where they can reach out to family and friends, by disclosing abuse and asking for understanding and support.

Realistically, addressing the initial and potential lifelong impact of abuse requires helpful intermediation. By “intermediation,” I mean the assistance of a person or organization that can stand between an individual and the outside world, to support that individual in navigating his or her way through a difficult time. Helpful intermediation can be in the form of professional counselling. It can be peer support. It can be assistance specific to court attendance. The fact that some people need such support should not be seen as weakness, nor should it be seen as a drain on public resources. Rather, it is an investment in individuals who deserve help and who, with this help, can achieve greater well-being and productive lives. The impacts of sexual abuse are real, serious, and pervasive for both individuals and society; the service responses should be as well.

What I am saying in this introduction may seem obvious—readers may wonder why such evident truths are being belaboured. However, it does appear to me that there is a reluctance to accept the inconvenient cost and effort of helping people heal, in particular in respect to men and boys. It is a kind of continued denial—denial that “it’s really that bad,” that “it could really need so much time or money to heal.” It is for this reason that I preface this chapter on services in Ontario with the premise of undeniable impact and need.

Comprehensive Support and Services for Men

Views on Services for Men

It has only been relatively recently that we, as a society, have considered the need for services for men who were abused as children or young people. Expert testimony in Phase 1 pointed to the many barriers for men in coming forward to discuss abuse, the impediments that prevent men from reaching out for help,¹ and the lack of such help when men ask for it.² In addition, for some men, traditional male roles in society may make it difficult to seek help in the form of

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1. See discussion by Dr. Wolfe, who identified stigma regarding homosexuality, lack of societal understanding, denial, fear, and confusion regarding feelings for the person who abused them as barriers to reporting; David Wolfe, testimony, February 13, 2006, transcript pp. 118–23. He also discusses perceptions that boys and men are often given the idea that they should “toughen up” in response to abuse; David Wolfe, testimony, February 14, 2006, transcript pp. 13–14. Dr. Jaffe discussed boys wishing to avoid feeling or appearing vulnerable, feeling at fault, feeling complicit as they were given “favours” by their abuser, as well as concern about homophobia and socialization of men to respond or act in a way consistent with “masculine” standards of conduct; Peter Jaffe, testimony, February 22, 2006, transcript pp. 51–56.
 2. See David Wolfe, testimony, February 14, 2006, transcript pp. 14–19; he comments at pages 18–19 that most of the services for men are offered through prisons, noting the cost to society of not providing services before men are incarcerated.

counselling or treatment because it could be seen as weak or showing too much emotion.³

The women's movement raised public consciousness of the sexual and domestic abuse of women and girls, and governments responded with services that would support the rights of women and women's equality.⁴ Gradually a network of services developed, such as sexual assault centres and domestic violence shelters. More recent programs include the Partner Abuse Response Program, which counsels those who have assaulted their spouse or intimate partner, and Support Link telephone programs, to help those at risk of being stalked. In addition, over time, services at domestic violence shelters have expanded beyond basic physical safety. As well, many hospitals now have dedicated treatment facilities to respond to domestic and sexual assault, including medical and counselling services. These facilities serve both men and women. However, some provide services only for recent assaults and do not provide services for those whose abuse is historical.⁵ Children who have been victims of abuse have benefited from the counselling services provided to them through Children's Aid Societies, children's mental health centres, and other organizations, such as the Children's Treatment Centre in Cornwall; these services are also equally available to boys and girls.

In discussing the network of services assisting children and women, I stress that I see these as positive and progressive; neither am I suggesting that such services are sufficient. Indeed, later in this chapter, I will discuss some of the gaps in services that still exist for adult women. However, some services available to women are more geographically widespread and extensive and receive funding which has some degree of stability if not sufficiency.⁶ I would never position this important policy discussion as a competition between services for men and women; both are needed and both need financial support.

Services for men are not as geographically widespread and are most often funded on a temporary "pilot" or project basis. While such funding might continue,

3. Research that discusses male gender role conflict includes G.E. Good, D.M. Dell, and L.B. Mintz, "Male Role and Gender Role Conflict: Relations to Help Seeking in Men," *Journal of Counseling Psychology* 36 (1989): pp. 295–300, and C. Blazina and E. Watkins Jr., "Masculine Gender Role Conflict: Effects on College Men's Psychological Well-Being, Chemical Substance Usage, and Attitudes Toward Help-Seeking," *Journal of Counseling Psychology* 43 (1996): pp. 461–65.

4. This information was provided by several witnesses. See, for example, Sonia Faryna, testimony, July 26, 2006, transcript pp. 18–21; Nicolas Bala, testimony, February 14, 2006, transcript pp. 126–32; John Liston, testimony, February 16, 2006, transcript pp. 12–13, 16.

5. This is not the case for the Cornwall Community Hospital; my staff inform me that the hospital's Assault and Sexual Abuse Program includes victims of historical abuse.

6. Both shelters for women who are abused and sexual assault/rape crisis centres in Ontario receive yearly operational funding, as opposed to time-limited pilot or project funding.

with organizations finding initiatives each year that receive enough project funding to keep their organization afloat, there is no certainty of continued existence. In addition, it means that organizations may need to vary their focus from year to year in order to carry out project commitments that are funded, rather than developing and refining effective services that best meet the needs of men with a history of sexual abuse suffered in childhood or youth.

Ms Sonia Faryna of the Ontario Victim Services Secretariat spoke of pilot project and Community Grant funding in her testimony, as part of the institutional context evidence of the Ministry of the Attorney General. In July 2006, she referenced a number of projects serving men, noting they were being assessed to consider appropriate and effective service delivery models for the future.⁷ In Phase 2 submissions by the Ministry of the Attorney General in February 2009, the same pilot projects were referenced.⁸ Ms Faryna also provided information on services available to all victims of crime, such as the Victim Crisis Assistance and Referral Services (VCARS), the Victim/Witness Assistance Programs (V/WAP) associated with the courts, and the Victim Support Line, a telephone referral system. Most funding for services that male victims of abuse could access is provided by the Government of Ontario to court-related services such as V/WAP or VCARS, directed at the very small percentage of individuals whose sexual abuse finds its way to a criminal trial.⁹ In her testimony, Ms Faryna indicated that the Office for Victims of Crime report *A Voice for Victims* had noted the lack of services for men in 2000.¹⁰ In this respect, I recognize that one consideration for the Ministry of the Attorney General in terms of widespread service change was the creation of this Inquiry. The knowledge gained during the course of this Inquiry and the expectation that services for men could form part of my Phase 2 Report may have been factors in deciding to maintain a status quo position over this time period.

7. Sonia Faryna, testimony, July 26, 2006, transcript pp. 148–53. In this testimony, Ms Faryna referred to grant projects that were directed at services for adult male survivors of abuse. These included the M'Wikwedong Native Cultural Resource Centre; North Bay and District Association for Community Living; Thunder Bay Sexual Assault & Sexual Abuse Counselling & Crisis Centre; the Ininew Friendship Centre, in Cochrane; The Men's Project; the Native Men's Residence; Alpha House; Sexual Assault Centre for Quinte and District; The Gatehouse®; Mental Health Association, Waterloo; and Shibogama First Nations Council.

8. Ministry of the Attorney General, Phase 2 submissions, February 20, 2009, and oral Phase 2 submissions, February 27, 2009. In this submission, the same projects that are set out in footnote 7 are listed.

9. This small percentage is noted by Julian V. Roberts and David P. Cole, "Introduction to Sentencing and Parole," in *Making Sense of Sentencing* (Toronto: University of Toronto Press, 1999), p. 8.

10. Sonia Faryna, testimony, July 26, 2006, transcript pp. 48–49.

A background paper on services funded by the Ontario Victim Services Secretariat was provided by Ms Faryna as part of the institution context evidence of the Ministry of the Attorney General. This paper indicates that \$41,123,900 came from the Victims' Justice Fund for services in fiscal 2005/6. About \$15 million went to V/WAP and VCARS, and \$2.1 million to sexual assault centres, which are largely for women, since only a few currently provide services to male victims. These programs receive more stabilized funding while the remaining categories for funded initiatives, Community Grants and Special Victims' Projects, receive funding for less than one year or pilot funding over some fixed time period. In 2005/6, Special Victims' Projects received \$649,000 in total, and Community Grants provided \$6.2 million for all grants approved.¹¹

The case was made to me by The Men's Project and the Victims' Group, in their written and oral submissions,¹² that the time has come to cease the temporary, project nature of services to men and establish permanent services with some funding stability. The approach proposed by The Men's Project and the Victims' Group for service expansion was the adoption of a "stand-alone" model of service similar to The Men's Project now operating in Ottawa (the group also has a smaller office and service presence in Cornwall). By "stand-alone," I mean that the service entity has a focus on services to men, either by serving only men or by having separate services or programs for men, designed to meet the needs of men who were abused. It would also mean having staff who are trained to understand the responses of men with a history of sexual abuse, recognizing that men often respond differently than women and that men need service approaches that overcome the barriers men often have to seeking and receiving assistance.

In response to these submissions, the Ministry of the Attorney General reiterated that there were a number of pilot or project programs funded to provide services to men. Some could be considered to be of the "stand-alone" model, for men only; some were "stand-alone" in that they provided specialized men's services within an agency that serves both men and women. Some services were within an agency that provides identical services to women and men and does not provide services tailored to men. The Ministry of the Attorney General takes the position in its Phase 2 submission that there needs to be further investigation before a decision is made on any model of services for men.¹³ It appears that a key motivation behind the desire for more investigation was a concern that The Men's

11. Sonia Faryna, testimony, July 26, 2006, Exhibit 49.

12. The Men's Project, Phase 2 submissions, February 20, 2009, pp. 2–8, and oral Phase 2 submissions, February 27, 2009. The Victims' Group, Phase 2 submissions, February 20, 2009, p. 6, and oral Phase 2 submissions, February 27, 2009.

13. Ministry of the Attorney General, Phase 2 submissions, pp. 268–76. (Note: Phase 2 submissions followed Phase 1 submissions, with consecutive numbering.)

Project model could be more expensive than other models that make greater use of volunteers or that could reduce costs by using the administrative infrastructure of existing agencies. The Ministry of the Attorney General's recommendation was that an independent third party study the effectiveness of various delivery models, considering cost but presumably addressing any other measures of effectiveness, in terms of outcome or client satisfaction.

I understand the frustration expressed regarding adequacy of services for male survivors of abuse. Today, if a young man of twenty-three were to come forward and disclose that he was abused from age thirteen to sixteen by a person who was a trusted adult at the time, service options would be limited. He might be able to obtain outpatient mental health services if his mental health status was very serious. Depending on his community, he might or might not be able to get counselling at a sexual assault centre (all such centres are available to women, but a few serve men too) or through another hospital counselling program, but the duration of such counselling is generally limited. If he was in the jurisdiction of one of the few pilot projects funded by the Ministry of the Attorney General, he might receive service from that project, but only to the extent that the project was ongoing and he met the project criteria. It is not likely that a young person of this age would have employer-provided insured benefits, and if he did, they would be limited in time or money. If he committed an offence or assaulted his partner or became addicted to drugs or alcohol—a common outcome of abuse—he might obtain counselling, but it would be focused largely on what he might see as his “faults” and unacceptable behaviour, rather than on the abuse he suffered.¹⁴ He might get a counselling award if he applied to the Criminal Injuries Compensation Board and could demonstrate that a crime of violence occurred, but this would take many months, and during this application process he would need to find his own support for the crisis situation he was in and for the complex process of making an application. He would get victim/witness assistance, but only if his case were to proceed to charges and prosecution, a stage that might not be reached for many reasons beyond the young man's control. Because the incidents of abuse were historical and not current, some services, such as VCARS, would not be relevant. In addition, the young man might feel that he was being pushed to go through a difficult process of disclosure and discussion of the details of abuse just to get services to deal with the difficult process of disclosure and discussion of abuse. I could give a similar example of a man of fifty who sees his life deteriorating due to his difficulty in maintaining relationships and in controlling his anger at home and work, and who finally wants help to deal with the causes

14. I note that I do not condone criminal acts or partner assault for any reason, but I think it is reasonable to understand the perspectives of those seeking services and to understand what help men might need to change their lives.

of his behaviour: unresolved trauma of sexual abuse. The conclusion is that there is not much help for those who need it, and what help there is is not often available quickly. Indeed, it may materialize only if the worst happens—harm to self, harm to others.

Having found that there is a service deficit for men, I would note that this is not a trivial matter. I will not reiterate the testimony from Phase I regarding the impact of abuse and the impact of not receiving help; it speaks more eloquently than can I. Similarly, those speaking in informal testimony spoke repeatedly of the long-term impact of abuse for them and of the life-changing impact of getting the proper assistance, when they finally were able to obtain it. Dr. Wolfe, in giving expert testimony, reinforced the sense of crisis and urgency expressed by adult survivors when they seek help. He said:

I think it's very critical as well because once they come to the resolution that they need to tell someone, that they need to make this more public or at least among a circle of friends and family, it's a crisis point for many of them. And without support, without proper therapy and awareness of what really happened and how it's affected them, they would have significant adjustment problems.¹⁵

When asked what “significant adjustment problems” could mean, Dr. Wolfe elaborated:

Well, what I've seen is they might get back into heavy drinking or some kind of abusive behaviour to themselves or others. They have problems with their job; everything starts to deteriorate on them faster, and self-destructive suicide attempts. It's a crisis point once someone has decided to talk about it because now, keeping it quiet was working to a certain extent. They were suffering, but at least they were pushing it aside as best they could and when they decide not to do that, they need help right away.¹⁶

Since I do feel a sense of urgency in addressing the issue of support for male survivors of historical sexual abuse, it may seem counterintuitive that I will suggest an in-depth study. However, with this valuable testimony on the impact of abuse included in this Inquiry's Report and an improved analysis of the elements of services to address this abuse, we have the basis of a better

15. David Wolfe, testimony, February 14, 2006, transcript p. 9.

16. *Ibid.*, pp. 9–10.

understanding of what is needed to develop a strategic plan for services for men. Since we need to build for the long term and to implement effectively, I can see the wisdom in a thorough study that would result in programs and services that could serve men for decades. Such a study should not just be about the cost of one delivery agent or the other. This limitation would not work, because behind the debate about what agency will deliver are related questions about what should be delivered, to what clients, and where. To ensure that money spent will affect the lives of men and their families in a constructive way, the aim of further review should be the establishment of an overall strategy for services to men who have a history of abuse in childhood or youth and the establishment of a cogent implementation plan. Since almost a decade has passed since this need was identified in the 2000 Report of the Office for Victims of Crime, *A Voice for Victims*, I would hope that this work could be expedited.

What Needs to Be Studied

Having accepted that a study needs to proceed, I want to ensure that the work is comprehensive and can result in a firm strategic direction for implementation. As a result, I will list the components that must be considered and some of the relevant considerations. In addition, I stress that I see such a review as covering more than the Ministry of the Attorney General. It may be, for example, that the appropriate Ministry for stewardship over services for men is not the Ministry of the Attorney General but the Ministry of Community and Social Services. There may be components that should be the responsibility of the Ministry of Health and Long-Term Care. All should be considered, and decisions made about service accountability. Although the Ontario Victim Services Secretariat has government-wide responsibilities for victim services, it may be that its focus on court-annexed services and services for those victims defined only by the funding source of the Victims' Justice Fund confines the results the Secretariat can achieve in this area.

I will list key questions for the study and then discuss considerations for each question:

- What are the range of services needed by men who have a history of sexual abuse?
- What should be the model for delivery of these services? Who should provide services for men?
- What can be learned from the provision of services for women that could help define policy and service delivery for men?
- Are there special considerations for services for men, such as overcoming the greater reluctance of men to seek help and the differing needs men may have?

- Where should stewardship for a strategy for men's services rest within the Government of Ontario?

The possible range of services for consideration for men with a history of sexual abuse is broad. There needs to be a review of the need for the following possible services:

- clinical assessment of counselling needs;
- long-term counselling;
- crisis counselling;
- group counselling;
- family or spousal counselling;
- volunteer coordination;
- peer support, including one-on-one mentorship and peer-facilitated groups;
- drop-in or other social supports;
- written educational materials, websites, and 1-800 lines; and
- community referral services.

Public education and public outreach and awareness are often mentioned in the context of services and programs for men. I have already covered these areas in Chapter 4, but I reiterate that public awareness and outreach will be critical for men. Without it, as a society, we may not be able to overcome the reluctance of men to seek help and persist in benefiting from the help that is available. I have not suggested that court-related services such as V/WAP be studied in this context since these are services already available to men, although their reach is limited to those whose abuse has resulted in a criminal charge.

There should be a methodical consideration of what is needed across Ontario based on this list of possible services. It may be that the services cannot be the responsibility of only one Ministry. What is important is that there be a firm understanding of what is necessary. I would observe that at present, services are often provided because they have received a pilot or short-term grant by fitting into provincial grant criteria. This is not intended as a criticism; this approach does allow communities and organizations to develop local responses within provincial guidelines, and this has value. However, as an independent observer, I note that there has been more focus on "crisis" services, court-annexed services, and referral services. The result is that there may be a serious service gap: help after the short-term crisis period is not available, and referral services have little to refer to. The outcome is that services may be less focused on what survivors say they need. As a result, I would expect that consideration of service strategy would include some discussions with survivors of sexual abuse themselves.

Once the service “menu” is developed, the delivery agents should be considered. The options include:

- specialized organizations for men;
- agencies that serve both men and women who were abused but that have dedicated services for men;
- agencies that already provide a wide range of counselling services but that could add those who were sexually abused; and
- agencies that provide services to women and are willing and able to expand to include men.

There are examples of existing organizations in all categories. Specialized services for men include The Men’s Project (Ottawa and Cornwall) and Male Victims Standing Tall (Kingston). Organizations that serve both men and women but have specialized programs for men include The Gatehouse® (Toronto), the Biiddaban Healing Lodge (Heron Bay), York Region Abuse Program (Newmarket), and Family Service Thames Valley (London area). Ontario’s forty-one family counselling associations represent an example of those service agencies already providing counselling services that could add sexual abuse counselling for men to their service offerings. At those agencies, free counselling and group counselling are time-limited, but the services that can be purchased are below usual professional rates, for example, being \$60 to \$80 per hour as opposed to \$100 to \$125 per hour. Some, but not all, of these associations have developed expertise in childhood trauma and specialized services for men. For example, Family Service Toronto has a specialized service for gay men who have been sexually abused as children. The Family Counselling Association of Cambridge & North Dumfries provides counselling to survivors of sexual abuse. The network of sexual assault centres in Ontario provides examples of organizations that have expertise in sexual abuse but largely serve women. However, some already include male survivors of sexual abuse (e.g. Quinte, Sarnia, Renfrew), and others might consider expansion to men.

Ontario is a diverse province, and I anticipate that no one delivery model will work equally well in every community. Larger urban areas would likely have the population to sustain more specialized agencies—specializing in men’s services or childhood sexual abuse. In other communities, expansion of existing organizations already serving men would be more practical and tailored to local conditions, especially if the agencies were linked to services to Aboriginal persons or could provide services in the language of the individual affected. Different approaches need to be in place in remote and rural areas, leveraging existing organizations and facilities.

What will be critical is that the organizations undertaking services understand, and are trained to address, the service needs of men who were abused as children or young people. This brings me to discussion of special considerations for men. Organizations entering this field are unlikely to be effective if their staff are not prepared and trained. First, organizations that provided general counselling or referral services in the past would need to be properly trained about childhood sexual abuse and the abuse of young people. This is a specialized and evolving field, and those doing this work will have to invest in the specialized education needed. Second, there must be recognition that men who have been abused do not respond in the same way as women. Those with expertise in helping women may have to retrain to help men. They, and the organizations where they work, may have to learn to overcome the patterns of male socialization that increase reluctance to reach out for help and to persist in working with service providers to address issues in their lives. For men, there may be more issues involving anger management or shame and confusion regarding sexual orientation.¹⁷ Men may need to integrate family members into their counselling because their spousal or maternal relationship is a critical support; service agencies may have to see that supporting the wife or mother is also a support to the man who is struggling to deal with a history of abuse. If organizations or agencies are not prepared to develop expertise and services that are supportive for men, their involvement will be counterproductive and wasteful of public funds. However, there is a growing recognition of the need to provide targeted and male-sensitive services; certainly, when this Inquiry offered specialized training related to sexual abuse and men, professionals responded by participating in such training.

Another consideration for development of service strategies for men is the use of volunteers. I have already noted that volunteer coordination should be considered as a service in any study of strategic approach. Volunteers are sometimes seen as a way of reducing cost. This may be true and is not wrong in principle. For example, appropriately trained volunteers may provide the peer support that professionals cannot give. They may be able to spend more time with an individual and to provide a role model. Volunteers themselves may in turn receive useful training, the satisfaction of giving to others, and experience useful for jobs or school. However, volunteers need the support of professional staff for consultation and for training. Care should be taken in training volunteers to understand the issues related to sexual abuse, and to be sensitive to the differing responses of men and women who have been abused as children or young people. Care also needs to be taken to prevent injury to volunteers through emotional

17. David Wolfe, testimony, February 14, 2006, transcript pp. 13–14, and February 13, 2006, transcript pp. 118–23; see also Peter Jaffe testimony, February 22, 2006, transcript pp. 51–56.

burnout, vicarious trauma, or, for those volunteers who are survivors, the triggering of their own trauma. In this respect, a Phase 2 discussion paper and guide on peer support, which includes the use of volunteers, is helpful in enumerating safeguards. Entitled “Survivors Helping Survivors,” the Phase 2 party research material was prepared by The Men’s Project, was posted on our website, and is included in the CD of research accompanying this Report.¹⁸

The last area for consideration is the overall stewardship within the Ontario Government for services for men who were abused as children or young men. It is clear to me that no one Ministry is likely to have responsibility for all services to men. Services for women are dispersed across government, so I expect this will be the case in the future for services for men. However, it does seem to me that having one group that maintains coordinating information and strives to provide strategic direction and refine that direction over time could be helpful. It would result in stronger implementation and stronger communications with the public. I also recognize that this is not always an easy task—to bear the appearance of accountability without all the usual levers of implementation authority. The alternative is, however, both costly duplication and equally costly, in human terms, service gaps.

What Needs to Happen Pending Study

I have indicated that men in many communities have waited too long for services they really need immediately. While I recommend study so that an overall long-term direction can be established, safeguards are needed during this study period. Since the services now available are limited, great care must be taken to ensure preservation of these services pending establishment of strategic direction. Otherwise there is very little to assist men, and in my view this is unacceptable. Another strong reason to preserve existing services is to continue to learn from organizations already in the field. It is also important to preserve implementation capacity by the experienced agencies or by their staff members who have invaluable experience.

Because one of the areas that I have recommended be studied is counselling, either one-on-one or group counselling, I want to reference Counselling Support here at the Cornwall Public Inquiry. I discuss Counselling Support in considerable detail in Chapter 7 of this Report. However, I would comment that there are very few long-term counselling options for male survivors of abuse. If the Government of Ontario needs more time to study the issues of services for men

18. Mark Patton, M.S.W., R.S.W., and Rick Goodwin, M.S.W., R.S.W., “Survivors Helping Survivors: A Study of the Benefits, Risks and Challenges of Peer-Support with Survivors of Sexual Violence in the Province of Ontario”, (Phase 2 research paper), November 2008.

and develop an approach, the existing Counselling Support program should not be removed prior to funding some substitution. I do not suggest that Counselling Support at the Cornwall Public Inquiry is an appropriate precedent across Ontario: it is unique to the circumstances of this Inquiry and its model might be valuable for future public inquiries, but it is not suited to widespread delivery. However, if time is needed for the establishment of a strategic direction for men's services, then the services that currently exist should not be withdrawn until the new approach is created. Another example is The Gatehouse® in Toronto that has programs for men that should continue to receive support in this study period. Similarly, the work of The Men's Project should be sustained during the study period. This organization's services, experience, and knowledge should not be lost pending establishment of long-term directions. In its Phase 2 oral submissions, The Men's Project expressed concern that it was at financial risk.¹⁹ If this is the case I would be concerned, since The Men's Project represents a reservoir of valuable experience.

Recommendations

1. The Government of Ontario should commission a study with the goal of establishing a strategic direction and implementation plan for the provision of services to men who have been the victims of sexual abuse.
2. The study should address the range of needed services, models for service delivery, service distribution, special considerations for services for men, and overall responsibility within the Government of Ontario.
3. Pending establishment of strategic direction for services to men, those services that currently exist for men who have been victims of sexual abuse should be sustained by continued funding.

Comprehensive Support and Services for All Adult Survivors of Historical Abuse

If a strategic plan for services for men is developed and implemented, it should close a significant gap in services for those who were abused as children and youth. However, I do want to discuss gaps that still exist for women as well as for men.

The network of services for women is more geographically dispersed and provides a wider range of assistance than that available for men. This does not

19. The Men's Project gave oral submissions on February 27, 2009. Its counsel, Mr. David Bennett, expressed concern regarding the group's funding status; February 27, 2009, transcript pp. 57–59.

mean, however, that there are no service gaps. Just as men do not have certain or secure access to some needed services, neither do women.

I want to discuss three gap areas for both women and men who are survivors of historical sexual abuse: long-term counselling, peer support, and services in rural and remote areas.

Long-Term Counselling Support

The Report of the Honourable R. Roy McMurtry on Victims of Violent Crime clearly points to the need for counselling as a “principal need” for victims.²⁰ Crisis and short-term counselling (e.g., less than six months in duration) are more widely available. There is not a perfect response, especially for men, but there are some resources.

For both men and women, however, long-term counselling is not easily found, and it is long-term counselling that is often needed for victims of historical sexual assault.²¹ Individuals might get a counselling support order if they are successful in an application to the Criminal Injuries Compensation Board. Those whose trauma results in serious mental illness might obtain therapy through an outpatient or in-patient hospital service. Some might receive psychiatric services through OHIP. These services are difficult to obtain, however, because Ontario has only about 2,500 psychiatrists for its population of over 12 million, and only 279 identify as able to provide patient care in French.²² Not all psychiatrists can take the time needed for counselling an individual with a history of sexual abuse. They, or family doctors, may be able to prescribe needed medication, but this is rarely a solution in itself. In particular, survivors in rural or remote areas may have no access to a psychiatrist or even a family doctor with enough time for counselling.

Psychologists are more numerous²³ and may have expertise in the area of counselling, but unless associated with a hospital or funded agency or obtained

20. The Honourable R. Roy McMurtry, O.ON., Q.C., *Report on Financial Assistance for Victims of Violent Crime in Ontario* (Toronto: Ministry of the Attorney General, May 2008), p. 1.

21. Evidence was given in Phase 1 expert testimony regarding the need for long-term counselling for adults with a history of sexual abuse as a child or young person. See David Wolfe, testimony, February 13, 2006, transcript pp. 91, 95–103, and Peter Jaffe, testimony, February 22, 2006, transcript pp. 140–42.

22. The official website of the Government of Ontario (www.ontario.ca) indicates that as of January 2009, Ontario had a population of more than 12 million. The website of the College of Physicians and Surgeons of Ontario indicates that in 2009 there were 2,481 psychiatrists in Ontario, with many of them having practices closed to new patients; of these, 279 are listed as able to provide French-language services (see www.cpsso.on.ca).

23. The Government of Canada website on occupations in Ontario indicates that there are 4,151 psychologists registered by the College of Psychologists of Ontario; see www.ontariojobsfutures.ca.

through employee assistance programs, they charge hourly payments beyond the reach of a significant number of Ontarians. Many psychologists will provide counselling at rates geared to ability to pay, and even on a pro bono basis, but this cannot be a complete solution. Insured benefit arrangements and employee assistance programs usually restrict the number of sessions, if any, that are funded for counselling—enough to cover a few weeks or months. The overall result is that needed long-term counselling is not always available to adult survivors—men or women. There needs to be recognition of this reality, and a solution.

The Ministry of Health and Long-Term Care should turn its attention to the need for long-term counselling for those with a history of sexual abuse as children or young people. It should consider the use of qualified psychologists and social workers as a way of broadening access to counselling. This will also assist in remote or rural areas where there are fewer psychiatrists and where many family doctors are already pressed to cover basic patient needs. Networks can be developed to ensure appropriate liaison with physicians prescribing medications and to enable moving a highly unstable client to a hospital environment. One goal would be, of course, to reduce the number of crisis situations that leads to hospitalization and to move an individual over time to a healthier and happier life. Providing better access to professional counselling would be a significant way to improve the lives of those carrying the burden of childhood sexual abuse.

It may even be that providing sexual abuse survivors with access to counselling could reduce health costs overall, for example, by requiring fewer hospital admissions or reducing the need for treatment for health problems associated with drinking, drugs, or depression. A well-structured study over a period of four to seven years might provide such information to guide future public policy.

Peer Support

Survivors of sexual abuse often talk of the relief they experienced when they met other survivors and found they are not alone. In addition, survivors will often indicate that they want to help other survivors by using their own personal experiences constructively. Peer support gives something that professional help cannot: it can reduce social isolation and it can build self-esteem, both important resilience factors. Meeting a survivor who is a positive role model can motivate other survivors to make changes in their own lives and to see the value in seeking counselling or participating in group therapy. This can help to overcome the resistance of men to seeking help. Peer support can be provided to both men and women and by both male and female survivors. It is not a substitute for professional services in group or one-on-one counselling, but it is a powerful way to make a difference for survivors of historical abuse experienced as a child or young person.

Both male and female victims of historical sexual abuse could benefit from expansion of peer support mechanisms, provided these are provided with appropriate safeguards for everyone. Safeguards include the kind of training provided by the Gatehouse® to peer mentors in Cornwall through a mentorship program sponsored by this Inquiry; appropriate training and supervision are essential to building constructive and safe peer programs. In respect to both the positive contributions of peer support and the safeguards for consideration, I refer to the Phase 2 party research paper “Survivors Helping Survivors,” prepared by The Men’s Project.²⁴ I would also point to the positive experience of peer mentorship in Cornwall, through a Phase 2 initiative of this Inquiry. While I do not think cost should be the only consideration, I would observe that many peer support activities are both effective in results for those involved and cost-effective. For this reason, they should be given more consistent support, and, in particular, training money should be available to ensure safety in peer support initiatives.

Addressing Barriers of Transportation

Those living in urban centres or having access to public transportation may find it difficult to understand the needs of those who live in rural and remote areas of this province. Obtaining needed services may not be possible for some rural residents because of the high cost of transportation. On the other hand, putting specialized services in every village is not feasible. Some who live in rural areas may be served by telephone services or Internet information, but many suffering from unresolved trauma related to sexual abuse need to meet with people, to reduce their isolation and be helped by talking through their feelings, responses, and hopes for the future. Through the Counselling Support program of the Cornwall Public Inquiry, discussed in Chapter 7, this Inquiry provided assistance with transportation. This was critical for those living in rural areas where there is no public transit and where distances to available services involved driving considerable distances at a time of high gas prices. For those with lower income, the ability to obtain transportation assistance permitted them to attend regularly at counselling. For a considerable number of individuals, this led to “graduation” from counselling—they were able to complete the tasks of counselling and move forward in their lives. For all lower-income adult survivors of sexual abuse living in rural and remote areas—women and men—there are few financial supports for the transportation needed to reach service providers. Consideration should be given to overcoming this barrier for those going to services related to their experiences of sexual abuse as children or young people.

24. Patton and Goodwin, “Survivors Helping Survivors.”

In terms of a possible solution for those travelling to counselling or other services related to abuse, I considered the precedent of the Northern Health Travel Grant Program.²⁵ This program provides a travel subsidy (currently 41 cents per kilometre) for northern residents to travel to needed specialist services, provided the distance is more than 100 kilometres round-trip. There could be a modification in this program to apply to rural and remote areas, providing a travel subsidy at this same level so that individuals could attend counselling for sexual abuse. There would have to be other sensible modifications to make the program workable. For example, the rules in the current program require a person to attend the closest specialist. There would need to be some flexibility in this, as it is reasonable to expect that a person could request a male or female counsellor, given the sensitivity of discussion of sexual matters, and that some would need a French-speaking counsellor who might not be the closest counsellor.

Recommendations

4. The Ministry of Health and Long-Term Care should develop a strategy for the provision of long-term counselling for those who have a history of sexual abuse as children or young people and who require long-term counselling. Such a strategy should focus on broadening access to long-term counselling through the use of qualified psychologists and social workers. In this context, consideration should be given to a well-structured study that examines the impact of counselling on other health care costs.
5. The Ministry of the Attorney General should provide consistent support to peer or mentorship support initiatives for men and women with a history of sexual abuse as children or young people.
6. The Government of Ontario should provide a transportation subsidy to survivors of historical sexual abuse who need to attend individual or group counselling or peer support sessions if they live in a rural or remote area and must travel more than 100 kilometres (round-trip) for services.

25. Ministry of Health and Long-Term Care (www.health.gov.on.ca). This program is available to those who travel distances of more than 100 kilometres, round-trip, to obtain OHIP-insured services from a specialist. There is a deductible in the payment equal to 100 kilometres. In other words, a person who travels 210 kilometres round-trip will be paid for 110 kilometres, which, at current subsidy rates, would be \$45.10. To get the grant, a resident of Northern Ontario must be referred to see a specialist and must attend the closest available specialist. There is also an accommodation allowance if the patient must stay in a hotel overnight due the distance travelled. I do not see this accommodation allowance as needed for counselling services because of the shorter duration of sessions.

Treatment for Those Who Offend Sexually as Adults

When we talk about prevention of abuse, there must be consideration given to treatment for those who abuse others and what can be done to stop those individuals from repeating their sexual offending. It is often the case that there is reluctance to discuss services aimed at sexual offenders, and distaste in appearing to be offering offenders services at public expense. It is unrealistic to think that we can prevent abuse but ignore abusers. Providing services is not a reward for perpetration of sexual abuse but a technique for preventing future abuse.

It is useful to start this discussion with the observations made in a Phase 2 research report prepared by the Cornwall Community Hospital Assault and Sexual Abuse Program, entitled “Treatment Program for Sexual Offenders and Those at Risk of Offending Sexually: A Program Proposal”.²⁶

In contemporary society the sex offender is the most vilified offender. We are repulsed by their actions and consequently we fear them. As a result, we dehumanize them and attempt to banish them from our society. Once charged for their horrendous crimes, we seek maximum incarceration in the hopes of eliminating the problem. Then once released, we chase them out of our communities and ostracize them. This may seem like a reasonable solution, by removing the problem, but in fact we are in turn creating more victims. The sex offender is isolated and socially withdrawn, unemployed because no one wants to hire a sex offender and untreated for fear of being known. Consequently, “if the offender feels his case is hopeless and he will always be seen in a negative light, he may come to believe the reoffending would make little difference to him.” More education and acceptance of sex offenders along with access to treatment is the beginning of a long-term solution. There is an increasing amount of research that supports the idea that sex offenders can be treated successfully to allow them to lead crime free lives upon release. Sex offenders with paraphilic behaviours cannot be “cured” but can learn through effective therapy to stop victimizing others. Treatment is possible.

26. Angèle Lynch and Sarah Kaplan, Cornwall Community Hospital Assault and Sexual Abuse Program, “Treatment Program for Sexual Offenders and Those at Risk of Offending Sexually: A Program Proposal”, (Phase 2 research report, April 30, 2009), Executive Summary. This Phase 2 research was posted on this Inquiry’s website and is included in the CD of research commissioned by this Inquiry.

In considering responses to adult perpetrators of sexual abuse, I was particularly interested in better understanding services for adult offenders who have a history of childhood sexual abuse—individuals who are both victims and perpetrators. As a result, as part of the Phase 2 research agenda recommended to me by my Advisory Panel, this Inquiry funded both a research paper and a workshop on the issue of men who are victims of childhood sexual abuse and who have offended sexually as adults.

The study commissioned examined the treatment and support needs of male victims of childhood sexual abuse who perpetrated sexual abuse as adults. While the service needs focused on Eastern Ontario, the work included a wider review and summary of academic studies on the victim-to-perpetrator cycle and the impact of individual differences in vulnerability and resilience. Those conducting the study also surveyed service agencies in Ontario and conducted two workshops, one to obtain perspectives of those working in the field and one, in Cornwall, as part of the public education mandate of this Inquiry. The research paper by Michael Petrunik, Adina Ilea, and Susan Love was posted on our website, as was a summary of the content of the Cornwall workshop. The paper is included in the CD containing all Cornwall Public Inquiry research material.²⁷

The discussion of academic studies already conducted on the topic in Canada and the United States was useful background for discussion of service needs. I summarize some of the most relevant information gathered:

- While fewer men than women report sexual victimization, men are more likely than women to report short-term and long-term psychological harm.²⁸
- Most boys who are sexually abused as children do not offend sexually as adults.²⁹ Indeed, there are studies that conclude that there is no evidence that being sexually abused as a child causes an individual to abuse as an adult.³⁰
- However, adult and juvenile sexual offenders often have a history of childhood abuse, and are more likely to have been abused than the non-offending population. This is exacerbated by the existence of other abuse, such as physical or emotional abuse, neglect, and abandonment.³¹

27. Michael Petrunik, Adina Ilea, and Susan Love, "The Need for Treatment and Support Services in Eastern Ontario for Males Who Have Been Sexually Abused as Children or Youth and have Offended Sexually as Adults", (Phase 2 Research Report, February 1, 2008).

28. *Ibid.*, p. 20.

29. *Ibid.*, p. 25

30. *Ibid.*, p. 22.

31. *Ibid.*, p. 23.

This indicates that childhood abuse is likely a risk factor for adult offending.³² It also suggests there may be a series of interrelated factors that increase risk of both being victimized and being a perpetrator.³³

- Male stereotypes or social expectations for boys may influence male victims into believing that they were victimized because they failed to act as a man or boy should, and as a result to feel too much shame to report their abuse, whether or not the abuse was perpetrated by a man or a woman.³⁴
- One study points to factors that make it less likely that a sexually abused child will be an adult sexual perpetrator, such as self-esteem and self-confidence, and having positive goals, one or more positive adults to talk to, or success in school or sports.³⁵
- Some studies cited also indicated that adult offenders were more likely to have been sexually exploited for over one year and were more likely to see their sexual abuse as normal or even enjoyable. They were also more isolated and had less social support.³⁶ However, not all studies found these differences between offenders and non-offenders.³⁷
- Those who recover from abuse and do not offend as adults are more likely to report abuse and seek help and are more likely to “renegotiate what it means to be masculine,” such as seeking to help others as a way to be a man.³⁸

The authors surveyed available services for those who fit into the category of being both a victim of abuse and a perpetrator of sexual abuse. While surveys were sent to fifty agencies in Eastern Ontario, only twelve responded. No responding agency served adult men who were both victims and perpetrators.³⁹ Some will serve men who were both victims of abuse and perpetrators of abuse, but only if they perpetrated before the age of eighteen.⁴⁰ However, one program in Kitchener, Ontario—Community Justice Initiatives—has recently set up a special group for victim-perpetrators.⁴¹

32. *Ibid.*, pp. 22–25.

33. *Ibid.*, pp. 24–25.

34. *Ibid.*, pp. 26–28.

35. *Ibid.*, p. 29.

36. *Ibid.*, pp. 30–32.

37. *Ibid.*, p. 33.

38. *Ibid.*, pp. 34–36.

39. *Ibid.*, p. 38.

40. *Ibid.*

41. *Ibid.*, pp. 38–39.

The authors of the study consulted with research experts and service providers in the field; several worked with federally incarcerated sex offenders, in mental health centres and in provincial mental health Corrections settings. There was not a strong consensus regarding treatment for victims who were perpetrators.⁴² Some experts and service providers favoured specialized programs, some thought it could be or was incorporated in programs for sexual offenders, and others preferred a strict focus on relapse prevention for perpetrators without addressing perpetrators' own abuse. Similarly, if a program was created, some preferred a hospital-based program with access to drug therapy; others opposed such a setting, supporting community programs run by experienced psychologists and social workers, perhaps working in an affiliation with a psychiatric facility.⁴³

There was consensus that anyone working in this area should be properly trained and supervised, be aware of the risk of recidivism, and have experience with offenders, as well as understanding the impact of sexual abuse for male victims.⁴⁴

The authors of the study suggested that there are some promising directions for perpetrators with a history of abuse in their childhood or youth. Most of these involve collaboration between organizations so that risks are managed and future perpetration prevented but the individual is assisted to better his own life. Achieving a better life was seen as an incentive to change. Those involved, for example, could be psychiatric facilities, offender aftercare agencies like the John Howard Society, and volunteer-based restorative justice agencies—organizations that provide a “circle” of volunteers to support and hold offenders accountable, such as the Circles of Support and Accountability.⁴⁵ Because this is an emerging area, it was also considered important that any approaches or

42. *Ibid.*, p. 72.

43. *Ibid.*, pp. 73–74.

44. *Ibid.*, pp. 76–78.

45. The Circles of Support and Accountability are a group in Ottawa working through the St. John the Evangelist Anglican Church. The members of the circle meet regularly with those released after serving a sentence related to sexual abuse/assault. They support the individual in making appropriate choices, such as abstaining from alcohol and maintaining work or school attendance. At the same time, they counsel individuals to avoid situations of risk, such as dating women with young children, and monitor their conduct, reporting any concerns. There are other similar organizations based on this support model. Offenders involved in such arrangements have lower recidivism than the sexual offender population that does not participate in these programs. For example, the Ottawa-based Circles of Support and Accountability indicated at the workshop held that they have had no recidivism among those they work with. As a result, the existence of such approaches can prevent future abuse.

programs undertaken have built-in evaluation processes.⁴⁶ It was clear that the existence of a gap in addressing offenders with a history of abuse means that experience is somewhat limited and caution would need to be exercised in designing responses. Experience would be needed before a standard or usual service approach could be chosen.

Not long after the release of the Phase 2 research report on victim-perpetrators, this Inquiry received an additional research request regarding services for sexual offenders. The proposal came from the Cornwall Community Hospital. The hospital received research funding to develop a report to look at possible hospital-based services for sexual offenders in Cornwall. The services of the hospitals' Assault and Sexual Abuse Program had been supporting those who were victims of current or historical abuse, as well as victims of domestic violence. However, the hospital staff recognized that preventing abuse may also need to include services directed at offenders. The hospital's study, "Treatment Program for Sexual Offenders and Those at Risk of Offending Sexually: A Program Proposal,"⁴⁷ was posted on our website and included in the CD of Cornwall Public Inquiry research that accompanies this Report.

The Cornwall Community Hospital report includes a review of relevant research on adult male sex offenders, and examined existing treatment programs, both to obtain information and to understand what is available to offenders in Cornwall and area. As well, the researchers conducted interviews with key stakeholders to obtain relevant information and understand possible demand for treatment programs. They also looked at the use of circles of support and accountability to both support and maintain accountability for sex offenders. In addition, innovative prevention programs in the United States, such as Stop It Now!, were examined. This program operates a toll-free help line that offers support, information, and resources to adults who are concerned about sexualized behaviours in themselves or others.

The conclusion of the Cornwall Community Hospital research study was that there is relatively little offered to adult offenders or those at risk of offending in the Cornwall area.⁴⁸ The Children's Treatment Centre provides treatment for boys aged twelve to eighteen. Convicted offenders can attend programs in Ottawa, but transportation problems and distance have a negative effect on attendance. The Cornwall Community Hospital proposes to establish a program for offenders in

46. Petrunik, Ilea, and Love, "The Need for Treatment and Support Services in Eastern Ontario for Males Who Have Been Sexually Abused as Children or Youth and Offended Sexually as Adults," p. 124.

47. Lynch and Kaplan, "Treatment Program for Sexual Offenders and Those at Risk of Offending Sexually: A Program Proposal."

48. Ibid., p. 3.

Cornwall and for those who are not yet offenders but want to seek help before they become offenders. The program would be under the supervision of the hospital's Assault and Sexual Abuse Program. Information gained from the Cornwall Community Police Service indicated that there are seventy to seventy-five sex offenders on the registry in Cornwall. The provincial probation office has forty to fifty sex offenders in its caseload at any given time, and there are fifteen to twenty individuals on the federal parole caseload, many with substantial supervision periods.⁴⁹

The information provided suggests that there are individuals who could benefit from treatment. As mentioned, the proposal from the Cornwall Community Hospital would also accept self-referrals—those who have not offended but who want help before they do offend. This is consistent with programs like Stop It Now! in the United States,⁵⁰ and could be an important preventive measure.

The Cornwall Community Hospital has specified proposed treatment approaches and identified staff and operating budgets and start-up costs. It has integrated many of the issues raised in the Phase 2 research study “The Need for Treatment and Support Services in Eastern Ontario for Males Who Have Been Sexually Abused as Children and Youth and Have Offended Sexually as Adults.” For example, the hospital's proposal would integrate some of the treatment approaches suggested in that study and would address underlying victimization as well as adult perpetration or risk of perpetration. The proposal by the Cornwall Community Hospital does not incorporate a community-based circle of support and accountability and is obviously a hospital-based model; however, according to the first Phase 2 research study, a hospital model is one of the options that should be considered.

The Cornwall Community Hospital's proposed budget includes about \$100,000 in start-up costs, covering the development of an outreach and communications strategy, staff training, office set-up, and related activities. The annual budget is estimated at \$206,000. If space cannot be found at the Cornwall Hospital, additional accommodation costs could be about \$35,000 annually. In the long term, however, following the current restructuring of hospital premises, the aim is to locate the program at the Cornwall Community Hospital.

I commend the Cornwall Community Hospital and its staff for the work they have done in developing a workable proposal that could have considerable value in preventing abuse and changing lives in Cornwall. Other communities could also benefit from the information gained in Cornwall if this program proceeds.

49. Ibid.

50. For information on the Stop It Now! programs and examples of their innovative posters and outreach materials, see the appendices in the Phase 2 research paper “Treatment Program for Sexual Offenders and Those at Risk of Offending Sexually.”

In the area of services for men and for adult survivors, I have indicated that I think the time has come to develop a coherent overall strategy. The information is available; the issues and options are reasonably accessible. Of course, there is a great deal to do in order to fully develop a strategy, but it is feasible and needs to proceed on an expedited basis. In the area of services for sexual offenders who were also victims of abuse, and in the area of handling self-referrals by those seeking to prevent themselves from acting on the urge to sexually abuse, less is known, but it is vital that we start to get the information we need. Some work on offenders has been done, largely in connection with correctional facilities, but there is less experience with community-based solutions. In addition, there may need to be work done with certain populations to get needed information—one example raised in Phase 2 public submissions by staff from SD&G Developmental Services relates to those who have developmental delays and who have offended sexually or may be at risk of offending sexually.

As a result, I am inclined to take the approach of suggesting a series of demonstration projects that include offenders living in a community, those self-referring due to a risk of abusive behaviour, and those who were abused as children or young men and who have sexually offended as adults. These projects could then be examined to ascertain effectiveness and how to improve and refine future approaches. Over time, there would be much improved information that could lead to a province-wide strategy. Ideally, some variation on models for demonstration projects should be chosen to see what approaches best serve goals of prevention of abuse by treating offenders and those at risk of offending. I was very interested in the work done by the Circles of Accountability and Support (St. John the Evangelist Anglican Church) and The Men's Project in the Phase 2 research paper discussed earlier in this chapter. These organizations would make excellent partners for a demonstration project with other organizations with expertise in treatment of sexual offenders.

I reiterate that we should not shy away from addressing services for offenders or potential offenders because of distaste for what they have done or might do. As a society, we cannot afford to overlook promising prevention options.

Recommendations

7. The Government of Ontario should work with interested and qualified groups, organizations, and health facilities to develop up to five demonstration projects that provide treatment to adult sexual offenders—including those with a history of childhood victimization—using several models, providing that safeguards are in place.

8. The Government of Ontario should give serious consideration to selecting the proposal of the Cornwall Community Hospital as one of the initiatives to proceed.
9. The Government of Ontario should work with possible project sponsors or partners to ensure that at least one of the demonstration projects incorporates The Men's Project and an organization such as the Circles of Support and Accountability.
10. The programs should be carefully evaluated to assess impact on prevention of sexual abuse, to determine promising transferable practices, and to establish workable responses for treatment, with a primary focus of preventing sexual abuse but with an additional focus of improving the lives of those at risk of offending sexually as a way to reduce their propensity to offend.

Counselling Support

Introduction

The need for counselling was one of the most frequently raised issues in Phase 2 of the Cornwall Public Inquiry. In particular, concern was expressed about the lack of counselling for survivors of historical abuse—those who, as children or youth, did not have access to services that should be available today. Services for male survivors and boys or young men who suffered abuse were raised as being of particular concern. This was in part because socialization of men may make them reluctant to seek help and because there are far fewer services for men than for women. Expert testimony by Dr. Nico Trocmé at the Cornwall Public Inquiry indicated that 10 to 18 percent of girls and 4 to 8 percent of boys have experienced sexual abuse.¹ Others would place the numbers at a higher level, due to a tendency to under-report abuse.² This suggests a significant potential population of individuals who might need to access counselling.

The impact of sexual abuse constitutes a heartbreaking litany: alcohol and drug addiction; issues of trust, particularly regarding authority figures; problems with intimate and family relationships; interruption of education; anxiety or mood disorders; confusion over sexual identity; problems of self-control, sometimes leading to criminal acts; serious physical illness and early death.³ Expert witnesses went on to point to the important role of counselling in addressing or ameliorating the impact of sexual abuse.⁴

1. Nico Trocmé, testimony, February 15, 2006, transcript pp. 65–68.

2. David Wolfe, testimony, February 13, 2006, transcript pp. 45–46.

3. *Ibid.*, pp. 97–104, 113–15; Peter Jaffe, testimony, February 22, 2006, transcript pp. 25, 39, 142.

4. David Wolfe, testimony, February 13, 2006, transcript p. 96; Peter Jaffe, testimony, February 22, 2006, transcript p. 136.

At the end of Phase 1 testimony, witnesses at the Cornwall Public Inquiry were given the opportunity to give recommendations, and eighty-two chose to do this. It is interesting to note that fifteen individuals specifically mentioned counselling at the Cornwall Public Inquiry and many more mentioned improved services for victims of sexual abuse generally.

As well, in the process of Phase 2 submissions, both members of the public and parties to this Inquiry took the opportunity to speak about Counselling Support at the Cornwall Public Inquiry. Four of fifteen individuals or organizations giving public submissions commented on the future of Counselling Support. In addition, four parties discussed Counselling Support in Phase 2 submissions and two more referenced it in the context of Phase 1 submissions. All parties that commented on Counselling Support told me that future counselling was needed and requested that I address this issue in my Report. Clearly, the issue of Counselling Support was one of the most important in Phase 2 of the Cornwall Public Inquiry, and its future of concern to many.

Establishment of Counselling Support at the Cornwall Public Inquiry

I was asked to consider creating a capacity to have counselling services available for those affected by the Cornwall Public Inquiry. The requests arose in the context of standing and funding applications made at this Inquiry's inception. Both the Victims' Group and The Men's Project raised the issue, pointing to the likelihood that individuals who had been abused in the past as children or young people would be affected by this Inquiry.⁵ Dr. Peter Jaffe, an expert on childhood sexual abuse, confirmed the need for counselling for historical survivors in his response to questions from counsel for the Citizens for Community Renewal.⁶

On February 13, 2006, after considering capacity to provide counselling, I indicated:

I have taken steps to have counselling services available to all persons affected by this Inquiry, not only the alleged victims and alleged perpetrators and their families, but also to anyone who participates in the Inquiry who feels the need to seek some type of assistance.⁷

5. Victims' Group Submissions, November 7, 2005, transcript pp. 54–56; The Men's Project Submissions, November 7, 2005, pp. 85–91.

6. Peter Jaffe, testimony, February 22, 2006, transcript p. 153.

7. G. Normand Glaude, Commissioner, Opening Remarks, February 13, 2006.

Part of my reasoning for the establishment of Counselling Support relates to a certain view I have taken throughout this Inquiry. Part of this Inquiry's mandate encompassed reporting on processes, services, or programs for community healing and reconciliation. In order to work toward a community-based plan, we needed to foster an environment conducive to healing and reconciliation. Clearly, counselling can contribute to personal healing and thus support individuals in preparing to participate in community healing and reconciliation. My position was also that the Cornwall Public Inquiry's own processes should demonstrate sensitivity and that this Inquiry should model itself as an institution providing appropriate institutional response to those affected by its work.

I considered that putting counselling in place was urgent because potential witnesses were being interviewed and expert evidence was already being led. As a result, people could be affected by the activities of this Inquiry even at this early date in its work. As well, I was aware of precedents that pointed to the early need for such support in processes where individuals had to speak of painful incidents in their past, notably the 2000 report of the Law Commission of Canada on child abuse in Canadian institutions, including residential schools for Aboriginal children.⁸ I also received expert testimony on the need for counselling within this Inquiry itself for adult survivors of sexual abuse experienced as a child or young person.⁹ It was my conclusion that we should quickly proceed to put in place counselling for those affected by the Cornwall Public Inquiry.

Counselling Support was operational on March 13, 2006, soon after my initial February announcement. In developing the design of Counselling Support, I looked at eligibility criteria, coverage issues, potential limits on counselling, potential cost, protection of privacy, and appropriate administrative mechanisms. The governing principles of Counselling Support were established as personal choice, privacy, and straightforward administration processes.¹⁰

In terms of eligibility for Counselling Support, I decided that anyone affected by this Inquiry should be eligible. In addition to those identifying as survivors of abuse, the following were included as eligible for Counselling Support: those who identified as perpetrators of abuse, community professionals, Inquiry staff and counsel, counsel of parties to this Inquiry, and those from the Cornwall community who were otherwise involved with or affected by this Inquiry. In

8. Law Commission of Canada, *Restoring Dignity: Responding to Child Abuse in Canadian Institutions: Executive Summary* (Ottawa: Law Commission of Canada, March 2000), pp. 4, 9, 25, 29.

9. Peter Jaffe, testimony, February 22, 2006, transcript pp. 136, 153.

10. Cornwall Public Inquiry, press release, March 9, 2006.

this last category, for example, we had individuals whose history of childhood abuse sustained outside the Cornwall area was exacerbated by the pervasiveness of local media coverage and discussions in their Cornwall workplace. Family members of survivors were also eligible for Counselling Support, in recognition that trauma can have a profound impact on family functioning. As well, family members could experience difficulties when their parent or spouse testified publicly regarding painful life experiences. Minors were eligible but in some cases would lack the maturity to consent on their own behalf to counselling, and so parents or guardians would need to apply for them.

In terms of assessing eligibility, I directed staff to rely on self-identification of status in a telephone or in-person intake process. It was not appropriate for the Cornwall Public Inquiry to conduct an intrusive investigation of whether a person was or was not sexually abused in order to determine eligibility for Counselling Support: this Inquiry cannot make determinations of criminal culpability or civil liability. If an individual signed a request for counselling indicating that they were a survivor of abuse that occurred in Cornwall or area, for example, this was sufficient to establish eligibility.

I decided that each person should be able to choose their own counsellor, provided that the counsellor was qualified to provide the service and was willing to provide the service within this Inquiry's payment and administrative parameters. If an individual needed help in finding a qualified counsellor, Inquiry staff would assist and maintained a referral list for this purpose. Choice of counsellor is extremely important in building a workable therapeutic alliance. For survivors of abuse, control over this aspect of their healing is in itself of value in retaining a sense of dignity and self-worth and regaining a belief in their ability to direct their own life journey. This cannot be overemphasized.

I decided that the type and frequency of counselling treatment should be based on the counsellor's recommendations, based on his or her professional judgment, within reasonable limits. Counsellors were required to provide the Commission Counselling Support staff with a treatment plan for each client.

I decided that travel costs to go to counselling sessions should be covered, within the cost limit of Government of Ontario permitted rates. The Cornwall and Stormont, Dundas and Glengarry (SD&G) area is predominantly rural, with small towns and limited public transit, and significant distances could need to be travelled to obtain services. Travel costs could be a barrier to regular attendance, especially for those with low income. Removal of this barrier was necessary to facilitate the regular attendance at counselling that can support progress, and reflected our understanding of the service challenges in rural and small-town Ontario.

In terms of payment to counsellors, a fee of up to \$125 per hour for registered psychologists or psychiatrists was selected, and a fee of up to \$100 per

hour for other qualified counsellors. This Inquiry also set rates for group counselling, although there were relatively few groups established. If the usual fee charged by a professional or organization was lower than the Inquiry fee, only this lower fee could be invoiced to the Inquiry. The fee level chosen for Counselling Support was, at the time selected, the same as that authorized by the Criminal Injuries Compensation Board and similar to rates at the Workplace Safety and Insurance Board of Ontario. Payment for Counselling Support was made directly to counsellors. Other payment options, such as the individual in counselling having to pay his or her counsellor and seek reimbursement, would have created a barrier for participation in counselling. Counsellors were not permitted to require any additional payments from clients—they had to agree to the Counselling Support fee, even if their usual rate was higher.

I considered possible capping mechanisms on counselling—a time limit, a monetary limit, or some combination. In the end, I decided that capping was not consistent with the goal of providing the long-term counselling called for based on each individual's needs. I delegated administrative discretion to Commission staff responsible for Counselling Support to set limits on daily or weekly hours of counselling, in discussion with counsellors as a group, to assess best practices.

I directed that strict measures be taken to protect privacy. Counselling Support was delegated to and managed by Phase 2 Commission staff. Knowledge of who was approved for counselling was restricted to a small number of Commission staff; neither I nor Phase 1 counsel or investigators were given access to information or files about individuals approved for Counselling Support. Files and information were electronically and physically segregated; numbers, not clients' names, were used for billing purposes.

I initially set the time period for Counselling Support at about one year: to March 31, 2007. By then we would have a better idea of demand and of any aspects of the arrangements for counselling that might need improvement.

In January 2007, a review of Counselling Support was conducted, including asking the views of parties to this Inquiry. Another aspect of this review was a survey conducted by an independent researcher, to find out if clients and counsellors were satisfied with Counselling Support. This survey will be discussed in greater detail later in this Chapter. At the time of the January 2007 review, I looked at:

- whether Counselling Support should be continued for those already approved;
- whether new clients for Counselling Support should continue to be approved, and until what time; and
- whether other changes should be made to Counselling Support rules or administration.

After this review, I decided that Counselling Support should remain available to those approved, up to ninety days after the release of my Report to the Government of Ontario. My reasoning was that the release of my Report could itself have impact on some individuals who would need the support of their counsellor. As well, I wanted to give the Government of Ontario some time to deal with any transition for or recommendations on counselling and avoid a gap in service.

In extending Counselling Support, I indicated the following:

It is my direction that Counselling Support be extended until the release of the final report of this Inquiry, plus 90 days. This time period recognizes that people may need counselling for some time. In addition, the 90-day period allows for consideration of any recommendations about continuation of Counselling Support without creating a gap in service. I must stress, I have formed no conclusion or recommendation in this area, but want to be prepared for the contingency.¹¹

I also decided to continue to permit new individuals to come forward to be approved for Counselling Support. This Inquiry was receiving evidentiary testimony, and individuals could still be affected. I set an initial date of March 31, 2008, for new approvals for Counselling Support, but added a January 2008 review date. After that review in early 2008, the final date for new client intake was set at August 31, 2008. The only exception was for those who were to be witnesses in Phase 1 or who were participating in informal testimony after August 31, 2008. This was in recognition of the potential impact of being a witness, which is sometimes not realized until the individual completes the testimony process.

I made no changes to the eligibility rules for Counselling Support and continued the “choice” model for selecting counsellors. The survey showed overwhelming support for client choice of counsellor, with many clients discussing the value of a trusting and supportive relationship with their counsellor. No increase in fees was provided; however, consistent limits were put in place for the amount of weekly and daily counselling permitted. I also indicated that we would make provision for telephone counselling in crisis situations or as pre-approved by Inquiry staff in special circumstances. This flexibility had been requested in our review processes.

I affirmed decisions already made not to extend payment for items such as medications, work or school absence notes, childcare expenses, nutritional supplements, or nursing care. The focus of Counselling Support was to remain counselling.

11. Statement of Commissioner G. Normand Glaude, February 28, 2007.

The most significant changes made at this review stage in developing Counselling Support were those related to counsellors. I imposed a caseload limit of twenty clients per counsellor and directed Commission staff to introduce regular counsellor meetings and supervision capacity. I also indicated that with a longer-term extension, we should move from the more short-term processes for counsellor documentation to annual checks, including verification of professional status, proof of insurance, and police checks. I would note that the Commission staff also required proof of education and references for each counsellor.

Implementation of Counselling Support

I delegated operational responsibility for Counselling Support to Phase 2 Commission staff. I will not catalogue every aspect of implementation; however, since the provision of Counselling Support at a public inquiry was somewhat of an innovation, it is useful to give some detail of what we did and to give some insights gained through our experiences. As well, over time, we have amassed some useful information regarding delivery of services for survivors of historical abuse. In addition, in later discussions of administration approaches for future, it is necessary to understand the existing arrangements. I will also provide some statistical and expenditure information, since there were additional costs for the Cornwall Public Inquiry as compared to other inquiries, due in part to the provision of Counselling Support.

Because Counselling Support involved running a small program, the processes and safeguards necessary for program implementation were established. There was a full administration manual; processes were set up to ensure financial segregation, monthly statistical reporting, and physical and electronic segregation of files with personal information. We put in place protocols to deal with issues of safety, including possible suicide or harm to others. We had crisis contacts and ways to reach counsellors to address situations of unusual distress.

Commission staff had appropriate education and received training to do their work; training continued throughout this Inquiry. The Counselling Support coordinator was bilingual, so clients could be assisted in French or English. A private counselling intake room was created, separate from this Inquiry's main administrative offices. The room was set up to make it more welcoming, including creating a more informal physical set-up with no "office-like" decor. Staff offered clients hot or cold beverages and tried to put them at ease. Some individuals had limited skills in reading and writing. As a result, although the Commission created written information packages, time was also taken to explain the basics orally. Commission staff continued to be available to assist clients who needed help to read or understand correspondence regarding Counselling Support or to fill in forms.

The Counselling Support staff also offered a telephone intake process, necessary for those residing at a distance from Cornwall and for physically disabled persons.

Effort was made to move individuals to their first counselling interview relatively quickly. Staff doing intake work have reported to me that, in particular, they found that men often found reaching out to get help difficult and were often in some distress by the time they came for their intake interview. Scheduling an early, specific date for a meeting with a counsellor in itself appeared to reduce anxiety and increased the likelihood that men would follow through with their counselling appointment. That a high proportion of men did go on to attend counselling after approval reinforces staff observations that an effective intake process can assist in moving men to getting help.

Effort was made to use very straightforward forms. As mentioned, I wanted our processes to support, not impede, access and service. As an example, I have provided a copy of our travel expense form and the expense account form generally used by public servants in Ontario.

Counselling Support staff also worked closely with counsellors. Counsellors received information packages, directions on invoicing expectations, and copies of materials provided to clients. Periodic meetings were held to give information and explanations of various administrative requirements. There were also regular communications by e-mail, including alerting counsellors to training and supervision opportunities. Most counsellors did participate in training sponsored by this Inquiry. These training opportunities are set out in Appendix B to this volume. Starting in July of 2007, the Counselling Support program also had supervision available for counsellors wishing to consult a senior colleague in difficult cases. As mentioned, proof of insurance, proof of professional status, and a police check were required for counsellors on an annual basis. No counsellors approved by the Cornwall Public Inquiry had a criminal record.

Counsellors were authorized to provide up to two hours of counselling in one day and either six or four hours of counselling in one week. The amount of counselling authorized was reduced over time, based on best-practices assessments done with the supervisor associated with Counselling Support. In a crisis situation, additional counselling was permitted. However, to obtain authorization for this, counsellors had to give written professional attestation that their client was in a crisis situation and extra help was needed. We wanted to ensure that assistance was immediately available, for example, if a client was suicidal, but also to ensure reasonable financial management of public funds.

During the first year of operations for Counselling Support, from March 2006 to March 2007, 191 files were opened for individuals who expressed a wish to obtain Counselling Support; Commission staff approved 184, and 159 had started

to attend counselling. Of the 89 men approved, 71 identified as survivors, 17 as a family member of a survivor, and 1 as a professional. Among the 96 women, 58 identified as survivors, 37 as a family member of a survivor, and 1 as a professional. All but 6 individuals resided in Cornwall or Eastern Ontario. The category of professionals was small and grew only modestly during the period of administration of Counselling Support. We included as eligible those professionals working in various institutions in Cornwall, counsel for parties, Commission staff, and other members of helping professions who might be affected by vicarious trauma because of their interaction with this Inquiry's Counselling Support caseload.

In the second year of operations, up to March 31, 2008, an additional 130 individuals came forward to request Counselling Support. All but 5 were from Cornwall or Eastern Ontario. In this second year, there was an increase in applications from women survivors and women professionals. By the end of March 2008, we had 179 women approved for counselling, of whom 112 identified as survivors and 61 as a family member (usually spouse) of a survivor; 6 women identified as a professional affected by this Inquiry. Among the 137 men approved in the second year, 106 identified as survivors, 29 as a family member of a survivor, and 1 as a professional.

Intake for new clients ended in the summer of 2008. By that time, Counselling Support had opened 395 files, with a total of 388 clients approved. It continued to be the case that most individuals resided in Cornwall or Eastern Ontario, with only 15 in total residing outside these areas. Of the 162 men approved, 122 identified as survivors, 36 as family members and 4 as professionals. Among the 226 women, 140 identified as survivors, 76 as family members, and 10 as professionals.

Most of the individuals who came forward for Counselling Support were approved. This was in part because when asked or when social service agencies or counsellors called about potential clients, Commission staff clearly explained the eligibility criteria. This led to fewer situations where requests were made from those who could not meet the criteria. The most common reason individuals were not approved was a failure to attend a scheduled intake process after repeated efforts to schedule either in-person or telephone discussions. A few individuals were turned away who could not meet the eligibility criteria because there was no relationship to the work of this Inquiry or to incidents of sexual abuse as a child or young person. Those who disagreed with decisions made by the Counselling Support Coordinator could ask for the issue to be reconsidered by the Director of Policy. This did not happen frequently, but it is a consideration for future programs that a more specific dispute resolution mechanism be developed.

The number of counsellors grew slowly over time. In the first year, there were 24 counsellors seeing clients. By 2009, there were 37 counsellors seeing



Statement of Travelling/General Expenses for NON-OPS Employees

Name of Claimant (Print Clearly)	Phone (incl. Area Code)	Page of
Ministry		
Purpose of Trip and Nature of Expenses		

[illegible]

This is to certify that the above expenses were incurred by me while on Government business.		Total Claim Amount ?	
Signature of Claimant <i>(Mandatory)</i>		Signature of Approving Official <i>(Mandatory)</i>	
Cheque Mailing Address <i>(Mandatory)</i>		Name of Approving Official <i>(Mandatory)</i> <i>(Print clearly)</i>	
City/Town	Postal Code	Title	
Date Completed <i>(dd/mm/yy)</i>		Phone <i>(incl. Area Code)</i>	
Method of payment <input type="checkbox"/> Cheque <input type="checkbox"/> EFT <i>(if first claim attach completed EFT form 7540-2022)</i>		Date Approved/Authorized <i>(dd/mm/yy)</i>	

IFIS Account Code - Claim Amount Summary									
Claim date (dd/mm/yy)				Claim No.					
Line No.	Ministry (3 digits)	Program (6 digits)	Business Unit (4 digits)	Cost Centre (6 digits)	Account (6 digits)	Initiative (4 digits)	Future Use (4 digits)	Future Use (4 digits)	Line Amount
1					533910		0000	0000	
2					533915		0000	0000	
Total Claim Amount ?									

Personal information on this form is collected under the authority of the *Ministry of Treasury and Economics Act*, R.S.O. 1990, c.M.37, s. 11 and will be used to assess, verify and monitor eligibility for payment. For information regarding the collection of this information, please contact the financial services unit in your organization where you submit this form.

**Cornwall Public Inquiry
Form 5: Travel Expenses – Counselling Support**

1. Individual Information

Last Name: _____ Given Name: _____
Any other name used: _____

Address: _____ Apt./Suite: _____
City: _____ Province: _____
Postal Code: _____ Telephone: _____

Sex: Male Female

Birthdate:
(dd/mm/yyyy) _____

I attended counselling support on the following dates:

The location was: _____

I am claiming for the cost of parking, taxis, buses or trains and attach receipts. The amount claimed is:

I drove, or someone drove me, to these appointments and I am claiming \$0.40 per kilometre driven. The total kilometres driven is:

(Signature)

(Date)

**Please submit form for reimbursement on a monthly basis only
(at the end of every month)**

Submit to:

Counselling Support
Cornwall Public Inquiry
709 Cotton Mill Street
Cornwall, ON K6H 7K7

clients approved to receive Counselling Support through the Cornwall Public Inquiry.

Because clients could choose their own counsellor, they often had an individual in mind to provide counselling for them. If the counsellor was already approved by this Inquiry for referrals and had not reached the maximum caseload limit of twenty cases, the placement could proceed right away. If an individual had a counsellor preference but that counsellor was not on the existing referral list, Inquiry staff contacted the counsellor to verify his or her qualifications and willingness to work within the parameters of the Counselling Support program. If Commission staff were not satisfied with qualifications or there were other impediments to proceeding, such as unwillingness to provide needed information or to work within the fee structure, an alternative counsellor was found.

Of the 388 persons approved for Counselling Support, the majority had a counsellor preference. However, 156 requested a referral from Counselling Support staff. In finding the right referral, Commission staff looked at location or convenience for attendance; language preference; need for a male or female counsellor; specialized service needs, such as experience with dissociation, developmental delay, or substance abuse; and other personal needs, such as handicapped access, private location, and capacity to provide evening or weekend appointments.

There were three cost categories for Counselling Support: counselling services, preparation of reports on counselling plans, and transportation costs. Expenditures are reported as at March 31, 2009, the Government of Ontario fiscal year end. We had to choose an early cut-off in order to accommodate the time required for translation, editing, and printing of this Report.

Counsellors were required to prepare a report that set out a Counselling Plan for each new client. The reason behind this was that the client and counsellor should discuss expectations and goals for counselling, as well as matters such as frequency of attendance. Counsellors were permitted to invoice \$100 for this report. If a report was subsequently revised, there was no additional fee. Since intake for new clients ended in 2008, this cost category diminished over time. However, it is still the case that clients will change counsellors and therefore a new report is needed. Since inception of Counselling Support, a total of \$41,700 has been paid for counselling plans.

The largest category of payment for Counselling Support is for ongoing counselling. This includes one-on-one counselling, couples or family counselling, and group counselling. Since inception, the amount paid for ongoing counselling on behalf of approved clients is \$2,748,659.

To remove barriers to attendance, and in recognition of the needs of rural and small-town residents, Counselling Support provides transportation assistance.

Rates for payment for kilometres driven was the same as used generally by the Government of Ontario. Also covered was parking (with receipts); bus fare where public transit exists; and taxi fare (also with receipts), where there was no other possible transportation option. Since the inception of Counselling Support, the sum of \$239,678 has been paid for transportation assistance directly to those attending counselling.

Counselling Support has provided access to a senior counsellor for the purpose of supervision, both for assistance on difficult cases and as a safeguard measure. Since the institution of supervision capacity, Counselling Support has authorized \$10,000 for professional supervision.

The total expenditures for Counselling Support at the Cornwall Public Inquiry since inception has been \$3,040,037.

Communications About Counselling Support

In communications related to Counselling Support, efforts were made to promote accessibility and easy understanding. Communications materials were provided in French and English. Consistent with operating principles for Counselling Support, we tried to keep language and style straightforward and easy to understand. Some of the key communications pieces used are provided in a schedule to this chapter.

A communications package was developed for those who might seek counselling. This package was provided to anyone on request and to any individual who came forward to ask for counselling. This package was also posted on this Inquiry's website, in the Phase 2 section. All counsellors or potential counsellors were given the package so they would understand the communications received by their clients and could discuss any of the material in the package that their clients did not understand. Copies were provided to all party counsel so they could communicate to their clients. Party counsel received specific letters emphasizing that party counsel were themselves eligible for Counselling Support.

Key changes in Counselling Support were communicated by me in statements, on our website, by e-mail to counsellors, and on several occasions by direct mail to those approved for counselling. In communicating with Counselling Support clients, there was no marking of the mail to indicate its origin from the Cornwall Public Inquiry. Many individuals receiving counselling were concerned that casual visitors to their home, family members, or neighbours would make unwelcome inquiries. This indicates the depth of concern for privacy, which we honoured.

Over time, we received requests for creation of additional communications materials. For example, a group of local service providers in the Cornwall area asked Commission staff to list the counsellors approved under the Counselling

Support program. They also asked this Inquiry to provide information about local services of value to those who have been sexually abused. This was done and posted on our website.

One useful way to ensure that information was communicated to clients of Counselling Support was to work closely with counsellors. Often clients would ask their counsellor to explain changes in Counselling Support. As a result, it was important for staff to meet periodically with counsellors to explain changes and respond to questions or requests for clarification or interpretation of rules in various circumstances. Counsellors have asked that whatever decision is made about transition for Counselling Support, they be given an early opportunity to obtain information about it and to have access to an information meeting for interactive discussion. In this way, they in turn can communicate to those receiving Counselling Support in a way that increases understanding and acceptance.

When I made a decision that approval of new clients for Counselling Support would end August 31, 2008, considerable effort was made to ensure that anyone eligible and interested in Counselling Support would be aware of the impending deadline. These communications included:

- statements by me, posted on this Inquiry's website;
- a media release;
- direct correspondence to all parties, all counsellors, and the Phase 2 mailing list;
- paid notices in newspapers in Cornwall and Eastern Ontario, in French and English;¹² and
- radio notices in Cornwall and area in the summer of 2008.

Any future direction for Counselling Support should include consideration of appropriate communications to clients approved under the Counselling Support program, both directly and through media. Counsellors, who have a key role in communications to clients, and service agencies in the Cornwall and SD&G area, who are also affected by decisions about Counselling Support, need to be kept fully informed with direct communications.

Feedback on Counselling Support

There were several ways in which we were able to get feedback on Counselling Support. The first was a satisfaction survey of counsellors and Counselling

12. Between March 30 and June 6, 2008, notices were placed in the following newspapers: *Glengarry News* (Alexandria), *Le Droit* (Ottawa), *Morrisburg Leader* (Morrisburg), *Standard-Freeholder* (Cornwall), *Seaway News* (Cornwall), *Winchester Press* (Winchester), *Le Journal* (Cornwall).

Support clients designed to assess satisfaction with the communications, intake procedures and administrative processes at this Inquiry for Counselling Support. Clients were also asked whether they were comfortable with their counsellor and whether counselling was helping them. The survey was conducted by an independent research company. Allen Research Corporation, conducted the survey in January 2007. The full research report was posted on this Inquiry's website and is included in this Inquiry's research papers provided on a CD accompanying this Report and listed in Appendix A.¹³ Counsellors were given a written survey and clients were interviewed in a telephone survey after giving prior consent to be interviewed.

The first purpose of conducting the survey was to inform any policy decision regarding extension of Counselling Support through this Inquiry. At that time, Counselling Support was scheduled to expire March 31, 2007. The second purpose for the survey was to identify any issues or dissatisfaction with administration of Counselling Support that could be addressed. The survey had an extremely high response rate, with nearly all counsellors and clients responding. The survey indicated that all clients and counsellors favoured extension. The key reason given was that substantial need remained—a history of childhood sexual abuse among adult survivors requires long-term therapy.

Satisfaction rates for Counselling Support were high. For example, out of a scale of 0 to 10, with 10 meaning “extremely satisfied,” satisfaction was rated at 9.1. Eighty-two percent of counselling providers rated Counselling Support administration highly, due to simplicity of processes, administrative responsiveness, and respect for privacy. Clients valued both their right to participate and their right to choose their counsellor. They also indicated that they felt privacy was preserved, and thought administrative requirements and processes were adequately explained. Comments suggesting improvements focused on speed of staff response and speed of payment.

During the administration of Counselling Support, staff were available to respond to issues by phone or in person. As well, meetings of counsellors were held from time to time to exchange information and concerns. This gave us additional understanding of issues from the perspectives of those getting counselling and from the professionals providing it.

In late 2008, another survey was put forward in relation to Counselling Support. This survey was developed with the assistance of a Transition Committee,

13. Allen Research Corporation, *Independent Survey of Clients and Counselling Providers*, January 2007; Cornwall Public Inquiry Counselling Support Research Report. The cost of surveys and report was \$32,000.

which was struck to provide advice to the Phase 2 Director of Policy on the future of Counselling Support. Because the survey dealt with sensitive personal matters, clients were not identified and counsellors could also report anonymously. As a further safeguard, only statistical information was compiled.

There were two surveys, both directed to counsellors: one for each counsellor regarding his or her practice and experience with Counselling Support at the Cornwall Public Inquiry, and one for each active client. An “active client” was defined as a client approved under the Counselling Support program who had attended counselling at least once in the three-month period prior to the issuance of the survey. That period was August to October 2008.

This survey was not a satisfaction survey, like the survey done in 2007, although it did give the opportunity for comments by counsellors on the strengths and weaknesses of administration of Counselling Support. The 2008–9 survey was focused on future client needs as indicated by counsellors in a clinical assessment related to the stage reached in counselling and the time needed for additional counselling. This was important information in considering any transitional arrangements. Counsellors were also asked to discuss communications with clients about the end of Counselling Support and any community supports that would be needed for their clients.

In all, 178 client surveys were received. Commission staff had estimated that the “active” client base was about 195, so this response represented a very high proportion of active clients. The demographics of the population covered by survey responses is set out in the following table:

Table 7.1

Number of Participants by Age and Sex

Age	Female	Male	Total
under 25	13	5	18
26–35	11	6	17
36–45	31	19	50
46–55	33	26	59
56–65	14	17	31
over 65	2	11	3
Total	104	74	178

The survey indicated that most of the client population is over age 35. This is to be expected since most people in counselling (140) identify as survivors of historical abuse experienced as children and young people. This demographic

information highlights the fact that the time between the original trauma of abuse and the time of getting counselling help is quite long—often decades. Also within the group were 4 victim-perpetrators and 31 family members of survivors. The rest were professionals or community members. Most individuals (120 out of 178) were receiving one-on-one counselling; the others were in family or couples counselling or group counselling. The numbers in group counselling through the Cornwall Public Inquiry were very small.

Most counsellors had been working with their clients for between one and two years, although there were some who had been in counselling for more than two years at the date of the survey. The frequency of sessions was reported as weekly, every two weeks, or monthly. Only 10 clients saw their counsellor more frequently than weekly. Counselling sessions were most commonly reported as 90 minutes to two hours in length.

In the case of 91 clients, the counsellors reported that the clients were also working with other professionals, notably addiction specialists, educational or developmental specialists, or physicians addressing medication needs. This suggests a higher level of complexity in the client group.

Counsellors were also asked to assess clients on a four-point grid, with “1” representing significant instability and “4” representing stability or being close to resolution of trauma and managing well in life. Of the group in active counselling, only 23 were assessed as “4,” or stable; 125 were assessed as “1” or “2.” When asked if the individual was close to resolving their trauma, counsellors indicated “no” in 143 cases. This information suggests that the client group still in counselling are in some distress, experiencing difficulties in managing their lives, and on a day-to-day basis are reliving the impact of a history of sexual abuse. For family members, it suggests that spouses (most family members are spouses) are experiencing the negative impacts of living with a person who has poorly resolved trauma. Counsellors indicated that in many situations, this has meant that the continuance of spousal relationships was in some peril, as spouses were struggling to maintain reasonable stability in their family life.

These responses, in combination, suggest that there is a relatively high level of need in this client group.

Counsellors were also asked to assess the need for continued therapy and the appropriate future duration of therapy as of the survey return date (January 2009). The response indicated that about 23 clients would finish counselling by late fall or early winter of 2009; 48 were assessed as needing more than four years of additional counselling after 2009. The rest were assessed as needing from six months to up to four years of additional counselling after 2009.

Counsellors were asked about potential sources of funding for counselling, other than the Cornwall Public Inquiry. Only 34 clients were identified as having any alternate source for payment. Where there were other sources of payment, the

survey comments indicated that accessing the alternate sources would mean a reduction in duration or frequency of counselling. For example, some individuals were reported as able to access employee assistance programs, but the number of sessions would be limited, for example, to ten. Others were reported as able to pay for their own sessions but would need to reduce the number of useful sessions to make them affordable. Some might qualify as hospital outpatients or for community services but might have to wait for such services and undergo additional assessment processes to qualify. Some might be able to access a counselling award from the Criminal Injuries Compensation Board, but time, complexity of processes and the impact of the application process could be barriers.

Counsellors were asked to predict the impact of transferring their client from their current counsellor to some other counsellor (e.g., to a local agency or a group that might be created for transition counselling). Twenty-six clients were assessed as likely to experience very serious impacts (e.g., to be suicidal; require hospitalization; engage in self-mutilation or criminal acts, including violence; or return to addictions). Another fifty-five were assessed as having negative responses, but not at the level of the very serious impacts described for the first group. Some examples of these impacts were return to social withdrawal and isolation, increase in anger or trust issues, and deterioration in family or spousal relationships. Counsellors thought fifty-six clients could manage a change of counsellor provided there was reasonable matching of client needs, such as language needs, preference for a man or woman counsellor, and relevant counsellor experience. Thirty-eight active clients were flagged as likely to quit counselling if unable to continue with their counsellor of choice.

Counsellors saw the possibility of group counselling as a positive option for about 30 percent of clients (a higher percentage than that currently accessing group counselling), but rarely as a substitute for one-on-one counselling. Rather, they saw it as an adjunct to one-on-one counselling. As well, peer support options such as mentorship or visiting drop-in centres were seen as positive for clients but not as a substitute for individual counselling.

Counsellors were asked about communicating changes on the extension or end of counselling. The greatest preference they expressed was for counsellors to be informed first so they could tell their clients, and to have communications to the general public and the media follow. Some did suggest direct communication to clients by this Inquiry, but others strongly opposed this due to the possibility of clients becoming distressed if the communication was not well understood or accepted. This information was consistent with what had been learned about communications during the administration of Counselling Support.

Of course, while some counsellors may have a tendency to inflate counselling needs, and I have considered this, the survey results suggest that a significant number of clients still require counselling to reach a reasonable level of stability

and resolve their trauma. Counsellor assessments are reinforced by expert testimony regarding the need for long-term counselling for survivors of historical abuse and by the characteristics of the clients in Counselling Support, which point to greater need for this population. In particular, it is relevant that so many counselling participants have waited for counselling for years, if not decades, and have a lifetime of issues to address in counselling.

Future Needs for Existing Counselling Support Clients

In analyzing the future options for Counselling Support, both overall assessment of the total group and client-specific needs are relevant. In looking at the whole group of clients, the number approved for Counselling Support through the Cornwall Public Inquiry is fixed: a total of 388 individuals would be eligible for counselling and no more. In fact, however, at the current time, slightly fewer than 200 individuals are actively attending counselling. People stop counselling for many reasons. Some may find they have reached the goals sought in counselling and can go forward on their own, or with the support of family and friends. Others may give up, feeling counselling has not helped them or cannot help them. Sometimes these individuals return to make another effort, or seek a counsellor who will be a better match for their needs. Some individuals take a break from counselling for various reasons, intending to return. Although fluctuations are to be expected for these reasons, the best information we have is that approximately 170 to 190 clients would still be attending counselling after the current expiry date for Counselling Support, were it to be extended. All but a few of these individuals would be survivors of sexual abuse or family members of survivors directly affected by issues generated by their survivor family member.

In the survey recently conducted, counsellors reported that there is continuing need for counselling for their clients, ranging in time from a few months to more than four years. Those needing more than four years were a relatively small group of about forty-eight. In many situations, withdrawal from counselling with the counsellor of choice was assessed as having very serious or negative consequences, as discussed previously in this Report. In some cases, individuals were assessed as needing counselling but able to make the transition to another counsellor, for example, at a community agency or organization. However, counsellors caution that specific needs are required to be met for these individuals: French-language services, experience with developmental delay, experience with post-traumatic stress disorder, or need for a male or female counsellor due to the intimate issues discussed in sessions.

How much counselling should an individual receive to assist him or her in addressing a history of sexual abuse as a child or young person? There is no standardized answer. According to expert testimony given by Dr. David Wolfe,

there is no expected or “normal course” for response to sexual abuse as there would be for a serious physical illness.¹⁴ What is known is that there will be long-term impact, but that impact is not predictable. In addition, Dr. Wolfe indicated, in reference to an article he had written, “Child Abuse in Religiously-Affiliated Institutions: Long-Term Impact on Men’s Mental Health,”¹⁵ that there were several exacerbating factors for individuals:

- abuse by a person who had an important role in the community and was a well-liked or well-regarded person;
- abuse within an organization that was valued by the individual (e.g., a recreational organization or church);
- the inability to disclose abuse—having no one to tell, feeling too ashamed to tell; and
- inappropriate response or lack of helpful response in the post-abuse period (e.g., denial, failure to provide therapy, failure to take any action).

I am informed by Phase 2 staff that these exacerbating circumstances are present for many of the clients in Counselling Support. As well, the relatively old age profile of the group suggests these individuals may have waited some time to get help for trauma experienced as a young person and thus could have developed harmful coping techniques. In the survey of clients from the Cornwall Public Inquiry, their counsellors reported, for example, that a significant portion of the group had substance-abuse issues. Clients with a complex history may need more time to address their past and to work on achieving abstinence from drinking or drugs, coping mechanisms available to numb the pain of abuse but now recognized by clients as impairing chances for current and future happiness.

In his expert testimony in Phase 1, Dr. Peter Jaffe was also asked about duration or need for counselling. Like Dr. Wolfe, he indicated that there is no certainty in predicting the course a person takes in response to abuse. However, he did emphasize that some individuals need specialized services.¹⁶ He also noted that building trust with a therapist is a factor to consider for survivors of sexual abuse. Their negative experience with authority figures may impede the building of trust in a counsellor necessary to obtain healing.¹⁷ It seems to me that such establishment of trust could take some time and, when created, may not be easily transferred.

14. David Wolfe, testimony, February 13, 2006, transcript p. 91.

15. *Ibid.*, pp. 95-103.

16. Peter Jaffe, testimony, February 22, 2006, transcript p. 136.

17. *Ibid.*, pp. 137-38.

Given both expert evidence and specific survey information about the individuals served, it is my conclusion that existing Counselling Support clients will need up to five years of additional counselling. However, I would expect at the end of five years to have a small group of clients whose needs for counselling are still ongoing. There is no way to know for certain how many this could be, but a reasonable estimate is about forty individuals. The others are likely to complete the counselling needed over a five-year period.

What Is the Capacity to Meet Future Needs?

As part of the work of the Transition Committee referenced earlier in this chapter, agencies and organizations in the Cornwall area were canvassed to see what services were provided and what capacity existed to take new clients. The purpose of this request was to assess the ability of local agencies to potentially take on the caseload currently carried by the Cornwall Public Inquiry. Local agencies and some health practitioners responded. The results varied. Several agencies had capacity for some clients but had restrictions based on sex; they could serve only women. Some agencies were able to provide only short-term or crisis intervention, consistent with their own mandates, not the longer-term counselling provided through Counselling Support. Others saw service capacity emerging in future but had a current waiting list of between one and eight months. In one case, the waiting list would be reduced if the individual could pay, but the rate was less than the usual counselling rate, making it more affordable. Some agencies or organizations indicated there was some capacity to take clients immediately for individual counselling, but in limited numbers. At the time of the survey in 2008, this capacity was assessed by agencies as about 10 to 20 women and 5 other clients (men and women). As well, there was some capacity to serve men in groups, but ability to travel was a factor for some, and some individuals could not be considered sufficiently stable for group sessions. I have no doubt that local service providers are motivated and compassionate and would make efforts to accommodate need, to the extent they are able. Despite this, expecting the absorption of up to 150 clients in the Cornwall area is unrealistic. As well, it could place strain on community agencies and organizations and impede constructive community healing in the period following the completion of this Inquiry's work.

The local survey could not assess the service offerings for those outside Cornwall and its service catchment area. However, the ability of clients to obtain services in their own community was asked of counsellors in the counsellor survey conducted in late 2008. In general, counsellors indicated either that their client resided in a rural area with no services or that their clients could access only limited services where they lived. Several counsellors indicated their client was seen as "hard to serve" and had already tried many agencies with little success, and private counselling was the only realistic option.

In the process of considering alternative sources for counselling services, I did consider the Criminal Injuries Compensation Board. That Board can make both interim counselling and final counselling awards for victims of violent crime, which includes sexual abuse. In addition, individuals who have already received a Criminal Injuries Compensation Board award can ask for an additional counselling award unless the terms of their order precludes this.

Some individuals affected by this Inquiry could apply and receive a counselling award. Time would be required to go through the various application processes that could affect survivors of historical abuse. In discussions with individuals from the Criminal Injuries Compensation Board, my staff were informed that the time to get an interim award, if granted, would take four to six months and a final award could take up to another six months, with the possibility of a hearing. Receiving an answer in response to a request for variation of an existing award to add or enhance provision for counselling could take about four months and might have to be done annually. One advantage of the Criminal Injuries Compensation Board is that it also uses the “choice” system, allowing continuation with a counsellor that a client has come to trust. As well, Counselling Support and the Criminal Injuries Compensation Board use the same hourly rates for counsellors. In addition, the Board has indicated a willingness to accommodate Cornwall area counselling support clients from this Inquiry by, for example, holding hearings in Cornwall.

Certainly, if individuals wish to make application to the Criminal Injuries Compensation Board, they should do so. In addition to obtaining a counselling award, they could receive additional financial assistance for lost wages or for pain and suffering. This could be a good reason to go through the time and processes for application. Their counsellor approved by this Inquiry could assist clients in dealing with the emotional impact of describing their abuse and the effect of this abuse and in explaining why they had delayed in coming forward in respect to incidents that occurred decades in the past. The Criminal Injuries Compensation Board would require this information. However, in the circumstances of this Inquiry, I would be very concerned if individuals were told they could only get continuation of counselling if they apply to the Criminal Injuries Compensation Board. Many individuals affected by this Inquiry have been involved in decades of contention over allegations of sexual abuse of children or young people. This Inquiry was mandated to address institutional response to allegations of sexual abuse of children and young people, but did not have authority to make findings of criminal or civil liability. Many of the individuals affected have received counselling through this Inquiry. To now tell them they must take their issues to another tribunal to determine if the crime of violence did indeed occur, or lose counselling, seems inappropriate and likely to create other problems, particularly if vulnerable individuals must testify again or if they are

at risk of being cross-examined by counsel of their alleged perpetrator. Notice to the alleged perpetrator of a crime of violence is still required for matters before the Criminal Injuries Compensation Board.

For those individuals in counselling who have past awards from the Criminal Injuries Compensation Board, given some time for application, they could apply for a variation in their existing award to add or augment a counselling award. For these individuals, the only point of application is to continue counselling with the same counsellor, at the same hourly rate, but have it paid by a different part of the Ministry of the Attorney General. However, there would be additional costs: the Criminal Injuries Compensation Board would have to pay to process these additional applications and the applicants who would have to go through this additional process would be subject to uncertainty and would need help with application processes.

Some individuals currently receiving counselling through the Cornwall Public Inquiry would not be eligible for awards from the Criminal Injuries Compensation Board. These would include witnesses who were family members of alleged or confirmed victims of sexual abuse and professionals.

In terms of assumption of the current Counselling Support caseload by local agencies in the Cornwall area or through application to the Criminal Injuries Compensation Board, the options available for survivors of sexual abuse are limited. At the time of the survey of local service capacity, there was only limited ability for local service providers to take on the Counselling Support clients, although there was *some* availability, more for women than for men. All service capacity was for survivors. There were no options for individuals with a history of perpetration of abuse, individuals who were community professionals, or family members of survivors of abuse. This was also the case with the Criminal Injuries Compensation Board whose awards are not available to these latter categories of individuals. Last, I would note that while any individual wanting to proceed to the Criminal Injuries Compensation Board should do so, I do not see turning all the Counselling Support caseload over to that Board as a practical or compassionate solution to the need for continued counselling services for those affected by this Inquiry.

Options for Existing Counselling Support Clients

Looking at client needs, relevant expert testimony and capacity to provide counselling outside the Counselling Support program, I did consider options for my recommended approach. I looked at the period of time for extension and at the continued vehicle or model for counselling if extended. Where time periods were concerned, I was primarily influenced by the survey results, which contained counsellor assessments about specific clients. I also situated the extension of

Counselling Support within my overall recommendation for a plan for community healing and reconciliation in Cornwall and area. That plan spans a five-year period, so it is logical that one cornerstone for building an environment of community healing—personal healing—would continue over a similar period.

I also considered the expert testimony given and previously discussed in this chapter and in Volume 1 of this Report. That testimony emphasized there is no easy answer to the question of how long counselling is needed; the duration of counselling is affected by the circumstances of the trauma and the characteristics of the individual who has experienced trauma.

I also carefully examined the approach taken by Commissioner Stephen T. Goudge in his *Report on the Inquiry into Pediatric Forensic Pathology in Ontario*. Commissioner Goudge also authorized a Counselling Support program that was similar to that of the Cornwall Public Inquiry. Commissioner Goudge recommended extension of the counselling provided initially through his Inquiry. Specifically, he said:

The Province of Ontario should provide funding to permit counselling for individuals from families affected by flawed pediatric forensic pathology in cases examined at this Inquiry for up to a further three years, for a total of five years from the time of commencement, if the individual and counsellor think it would be useful.¹⁸

In his reasons for extension, Commissioner Goudge pointed to the need for clients to work on long-term issues in counselling. He also noted that most of the clients assisted by his Inquiry could not otherwise afford counselling, since the type of counselling offered was not available through the Ontario Health Insurance Plan (OHIP).¹⁹ Similar reasoning applies to clients of the Cornwall Public Inquiry.

Concerning the process for determining the period for extension, Commissioner Goudge indicated that he had asked counsellors and they had, in their professional capacity, recommended up to three years of additional counselling.²⁰

The Cornwall Public Inquiry went through a similar process of asking counsellors for assessments concerning the duration of future counselling, but the answers received by this Inquiry suggested a longer duration of counselling needed for many, but not all, clients. In formulating my recommendations, I

18. Stephen T. Goudge, *Report of the Inquiry into Pediatric Forensic Pathology in Ontario* (October 2008), Vol. 3, p. 582.

19. *Ibid.*, Vol. 4, pp. 642–43.

20. *Ibid.*, Vol. 4, p. 643.

concluded, based on these professional assessments, that it was appropriate to consider a longer period to accommodate most current clients.

Since counselling is voluntary, I do not think there is great risk of people continuing to attend if it is no longer filling a need in their life. As the need for counselling ends, individuals will cease attending. The greater risk is in stopping counselling before issues that are impairing day-to-day enjoyment of life—and even the continuation of life itself—are resolved.

My conclusion is, therefore, that a five-year extension for Counselling Support is justified and reasonable in the circumstances. Because client-specific information is needed to inform any future course thereafter, a review of Counselling Support in the last year of any extension is also warranted. The purpose of review would be to consult with counselling professionals regarding the small numbers of individuals who may still need ongoing counselling and to assess appropriate future actions for this group.

In addition to the issue of extension, I considered whether there should be any change in the model used to provide counselling services. For example, could services be provided through one agency or perhaps two agencies, with funding provided for “in-house” counsellors? Determining the right period for extension was a key issue, but the service model for extension required separate review and consideration.

I saw few advantages and many disadvantages to changing the Counselling Support model for the period of any extension. One of the successes of Counselling Support has been the choice given to those in counselling, which has in turn led to strengthening of client trust in the counselling process. Removal of this key element could result in harm to individuals in counselling. The survey we conducted indicated that for some, the harm could be very serious.

Even setting this concern aside, it may not be practical to seek a Cornwall agency-focused delivery model for clients residing outside of the Cornwall area. In addition, it may be difficult to find one or two agencies with the full range of expertise needed. For example, not all agencies will take an individual who has a history as an abuser; some agencies cannot accommodate persons with developmental delay; others do not offer couples counselling. All these needs are currently met through the Counselling Support program as it can directly match individual clients with therapist expertise.

The possibility that an agency-based delivery of Counselling Support could cost less is attractive and was considered. However, cost savings are uncertain because a selected agency might commit to hire or contract with counsellors but the expected caseload might not materialize. The model currently used for Counselling Support means that any expenditure ceases as soon as an individual stops attending counselling. There would also be additional costs in designing

and establishing new ways to deliver and administer Counselling Support for the period of extension.

After assessing various possibilities for Counselling Support, I continue to see the “choice” model currently in place as both appropriate and practical for any extension period. Its utility is proven, and possible alternative approaches have several practical drawbacks.

Administrative and Cost Considerations in Transition for Counselling

I have already reported on the cost of Counselling Support to March 31, 2009. That sum was approximately \$3 million. Forecasting future costs cannot offer this degree of certainty. However, I recognize that options are difficult to assess in the absence of any cost parameters. Each year, we have forecast Counselling Support costs and have been reasonably close to forecasts. The further out in time that a forecast is made, the less it is reliable; making a forecast over a five-year period involves some complexity in estimation.

However, I have developed some broad cost parameters for the option of extending Counselling Support over a time period of about five years. To do this, we looked at the existing population of clients, likely decline in that population over time as individuals choose to finish counselling, and the usage patterns we have seen for counselling and transportation assistance over the first three years of operation.

My Counselling Support staff have indicated that an overall cost of approximately \$2.7 million for the five-year period for counselling is a reasonable estimate. An additional amount would be needed for transportation assistance, likely less than \$170,000 for the whole period. The fifth year of Counselling Support would probably have expenditures of about \$230,000.

Part of any extension of Counselling Support would include continued administration. The administrative overhead of Counselling Support has been low at the Cornwall Public Inquiry because most responsibilities have been added to positions that would have existed in any case. The only additional position created was a Counselling Support Coordinator, and this position was part-time.

In future, because the population of counselling clients is fixed and will decline over time, and because the administrative rules and processes are designed and documented, there would be less work related to administration of Counselling Support than in the early days of development and intake. Coordination would not be time-consuming. However, to run a program with integrity, there should be continuation of some safeguards currently in place at the Cornwall Public Inquiry, such as segregation of approvals and financial authorizations, and a degree of oversight and senior-level decision making for certain requests or issues. Any successor administrator would need to be able to serve these functions. In addition,

there must be safeguards for client records, as the client records contain personal and, in many cases, medical information. As a result, any record transference must respect and follow all laws related to privacy of personal and medical records. Transference to the Ministry of the Attorney General, for example, would ensure that records are maintained with the degree of privacy we have provided at the Cornwall Public Inquiry. There would need to be respect for the concerns expressed by clients whose life experiences have led them to have diminished trust in public institutions. This could be done by being explicit about any records or administrative transfer and about the safeguards in place for confidentiality.

While the administrative considerations enumerated would point to the Ministry of the Attorney General as the best steward for any extended period for Counselling Support, whoever is tasked with managing an extension period should be free to choose an appropriate agent or organization for day-to-day operations.

Last, I considered whether there would be sufficient time for the Government of Ontario to consider my Counselling Support recommendations and make and implement a decision before the time set by the Order-in-Council for the Cornwall Public Inquiry elapses, ninety days after the delivery of this Report. I recognize that commitment to expenditures and new administrative responsibilities may not occur within the ninety-day period from the release of my Report. Any gap in counselling during a period of consideration of my recommendations could be very serious for many individuals. To avoid this, if more weeks or months are needed to reach a final decision, I am of the view that continuing arrangements already in place at the Cornwall Public Inquiry for an additional short period would be feasible, cost effective, and less likely to cause confusion. Whatever the decision at the end of the consideration process, existing Commission staff could facilitate communications and administrative and record transference.

A prompt decision on Counselling Support is important, given the lives affected. Full cooperation and assistance will be given by Commission staff in implementation and communications of any decisions by the Government of Ontario. If further time is needed for decision making, I am making available a bridging option for providing such time while maintaining continuity and lines of communications.

Recommendations

1. Counselling Support should be extended for a period of five years, and should be funded by the Government of Ontario.
2. Those eligible for extended Counselling Support should be the individuals approved for Counselling Support at the Cornwall Public Inquiry.

3. Individuals approved for Counselling Support should be able to continue with their current counsellor or choose a new counsellor, provided the new counsellor is qualified for the work and is prepared to operate within the parameters of Counselling Support payment and administrative requirements.
4. Transportation assistance should continue to be paid to individuals by the Government of Ontario, to facilitate attendance at counselling sessions.
5. The administrative model, rules, and supports, such as supervision, currently used for Counselling Support should be continued, to the extent feasible.
6. The Ministry of the Attorney General should have responsibility for ongoing administration and accountability for extended Counselling Support, although the Ministry may select an agent or organization to manage day-to-day operations.
7. If the Ministry of the Attorney General cannot make a decision regarding Counselling Support extension within the ninety-day period available after the release of the Report of the Cornwall Public Inquiry, the existing administrative arrangements through this Inquiry should be extended until a decision is made and communicated.
8. In any communication regarding any decision to extend or end Counselling Support, arrangements should be made for communications to all counsellors and social service agencies in Cornwall and Stormont, Dundas and Glengarry (SD&G), as well as to those approved for Counselling Support.
9. A review of future Counselling Support needs should be conducted by the Ministry of the Attorney General in the last year of any extension to assess what needs for counselling may remain and to determine how those needs could be met.

Additional Transitional Supports in Cornwall

Counselling Support Is Not the Whole Solution

I have thoroughly reviewed Counselling Support as a discrete program and have made concrete recommendations for its transition. However, I do see the issue of counselling in the Cornwall area in the broader context of fostering community healing and reconciliation.

While the therapeutic programs for Counselling Support clients are critical to clients' progress on a constructive journey of healing, this is not the only element of healing. In Chapters 2 and 3 of my Phase 2 Report, I discuss initiatives and

processes for Cornwall to further healing and reconciliation. In this, I point to the necessity of survivor inclusion in processes and activities. I discuss the need to continue to break down social isolation through peer support and group counselling. Counselling Support is an exceptionally important component to have in place, but it does not stand alone. To have a more holistic outcome, Counselling Support should be considered within the context of community resources for healing.

In looking at that broader context for transition for Counselling Support, I want to address some additional measures complementary to Counselling Support. I see these additional resources as part of an overall plan for transition for Counselling Support. One initiative provides additional community support for survivors of historical abuse. The second is a specific program for survivors of historical abuse, aimed at reducing social isolation and making a transition from individual counselling.

Additional Transitional Support

If my recommendations are viewed with favour, Counselling Support would be available for those already approved. However, if survivors of historical abuse come forward in the Cornwall area in future, there may be a problem in finding counselling for them. Earlier in this chapter, I canvassed the local capacity to provide counselling. While there are many excellent agencies in Cornwall and area, their capacity to provide services for new clients is limited due to resource or mandate constraints.

I considered the extensive recommendations made by the Cornwall Community Hospital as a Phase 2 public submission. I was not persuaded that it was appropriate to make recommendations regarding the hiring of several additional nurses for the hospital, given my mandate. However, I do support the Cornwall Community Hospital's request for an additional counselling resource. The main focus of the new counsellor position should be on victims of historical abuse, but I recognize that organizational imperatives might mean that the counsellor also serves those who have experienced more recent sexual abuse—as young adults, for example. The Cornwall Community Hospital has an important presence in the Cornwall community and is already active in addressing the needs of those sexually abused; the enhancement of its capacity to provide services is worthy of support.

Consistent with my other recommendations for a five-year plan for Cornwall, I believe that a period of five years of funding to the hospital is appropriate. Part of the expectation for the Cornwall Community Hospital should be the provision of annual statistical information on the population of victims of historical or current sexual abuse served by the new position, and whether each individual assisted is a man or a woman. Such information would assist in assessing whether

there is continued need for this position. I understand that the Assault and Sexual Abuse Program (ASAP) at the Cornwall Community Hospital already compiles much of this type of information. As a result, the aggregate requirement would not be onerous.

This additional community-based counselling resource is part of an overall network of response for community healing in Cornwall. My understanding is that the five-year cost of this counselling resource would be \$500,000.

I will now discuss an additional initiative of value in the process of supporting client transition from one-on-one counselling.

As indicated earlier in this chapter, a Transition Committee had been established at this Inquiry to assist the Director of Policy in developing information and options for the future of Counselling Support. The Committee received a presentation regarding the Quinte Residential Treatment Program, including an oral report by a male survivor who had attended the program. He spoke of the significant change in his life as he met and worked with other male survivors. The program resulted in significant and continuing positive impact for him and those attending with him. The program was developed and has been used by the Sexual Assault Centre for Quinte and District, in the Belleville area. This agency is one of the few sexual assault centres in Ontario that serves both men and women. This program was also recommended in Phase 2 public submissions by the Sexual Assault Support Services for women of SD&G and Akwesasne—a well-regarded Cornwall service agency—as well as by the Sexual Assault Centre for Quinte and District.

My understanding is that the program provides a one-week retreat for either ten men or ten women; it does not offer a co-ed program. All participants are survivors of sexual abuse. The program encompasses all aspects of life—physical, mental, artistic, spiritual—and provides a combination of learning and activity-based opportunities. It builds on individual resilience and breaks down feelings of exclusion and hopelessness. For those who, having worked in one-on-one counselling, are ready for such a process, the retreat could be another step forward, or even a type of graduation from counselling.

As part of a transition process for Counselling Support, I think there is a place for about four residential sessions between now and early 2014. At least two sessions should be for men. I would suggest that the Sexual Assault Centre for Quinte and District consult with local counsellors in Cornwall and with Cornwall area social-service agencies to identify individuals who would benefit from this residential program. My understanding is that the four sessions would cost approximately \$95,000 altogether.

There is potential for those who participate in this residential program to add to the capacity for survivor leadership in Cornwall. In discussion of community

healing and reconciliation, I have pointed to the importance of strengthening existing leadership and widening the pool of leaders to foster relationship building. Participants in the residential program could act as peer supporters for those they met at the retreat, or could formally volunteer or participate in the many initiatives described for Cornwall in Chapters 2 and 3. As a result, this additional activity, as part of transition for Counselling Support, is also consistent with the overall vision and direction for community healing and reconciliation in Cornwall.

Recommendations

10. The Government of Ontario should provide the Cornwall Community Hospital with five-year funding for an additional counsellor, primarily to support adult victims of sexual abuse experienced as children or young people. As a condition of funding, the Cornwall Community Hospital should produce a statistical report annually on those served by the new counsellor position.
11. The Sexual Assault Centre for Quinte and District should be funded by the Ministry of the Attorney General to provide four sessions of the Quinte Residential Treatment Program for individuals currently in Counselling Support or residing in the Cornwall and Stormont, Dundas and Glengarry area. At least two sessions should be for men. The sessions should be offered before June 2014. The session organizers should consult with Counselling Support counsellors and Cornwall service agencies to identify candidates.

Counselling Support Capacity at Future Public Inquiries

Considerations for Future Public Inquiries

Counselling Support at the Cornwall Public Inquiry has been well received. It was mentioned positively in party submissions and in Phase 2 public submissions. It has met important needs. I will briefly discuss the precedent of Counselling Support at the Cornwall Public Inquiry for future public inquiries.

I created Counselling Support for the Cornwall Public Inquiry under my authority as Commissioner under section 3 of the *Public Inquiries Act*²¹ to control processes of the Inquiry because there was no specific provision in

21. Section 3 of the *Public Inquiries Act* states: "Subject to sections 4 and 5, the conduct of and the procedure to be followed on an inquiry is under the control and direction of the commission conducting the inquiry."

the constituting Order-in-Council of the Cornwall Public Inquiry. It would be preferable to create an explicit provision to guide future processes in provision of Counselling Support.

The precedent was set when discretion for Counselling Support was specifically provided to Commissioner Stephen T. Goudge in the Inquiry into Pediatric Forensic Pathology in Ontario. In that instance, the Order-in-Council stated:

If during the course of the inquiry the Commission receives information, including in writing, from victims or families, the Commission may authorize the provision of counselling assistance.²²

Subsequently, Counselling Support capacity was established at the Inquiry into Pediatric Forensic Pathology, based on the direction of Commissioner Stephen T. Goudge.

In establishing public inquiries in future, I believe, the potential for Counselling Support services should be seriously considered in crafting the mandate reflected in each Order-in-Council. An important factor in this consideration would be the possibility of vulnerable individuals being affected by the proposed inquiry. Of course, there may be situations where the work of an inquiry does not intrude upon any personal matters and where it is not likely that a person's mental health would be affected. In such instances, support is not essential. If the government views the provision of Counselling Support as appropriate given the subject matter of an inquiry, I suggest giving discretion to a commissioner to design, based on objectives related to needs, the right program for the work of the Inquiry he or she is conducting. The model for Counselling Support used by two public inquiries in Ontario—this Inquiry and the Inquiry into Pediatric Forensic Pathology—is based on choice of counsellor and uses straightforward administrative approaches, and is therefore reasonably transferable to other inquiries in future. If Counselling Support is created by future inquiries, the implementation experience of Counselling Support as available through the Cornwall Public Inquiry should be considered. This Inquiry has created an administrative infrastructure, such as forms, administrative processes, and protocols to maintain privacy, and has the basis of communications materials. I have provided some detail on Counselling Support so that the information and experience gained can be available for future inquiries. This information and other material could be used as a basis to develop future approaches, evolving and improving it to better meet needs and to respond to best practices in the field. If an inquiry needs a Counselling Support capacity, ability to implement quickly is essential; it is efficient and effective to be able to look at past working models and adapt and improve to meet circumstances.

22. Order-in-Council numbered O.C. 826/2007 and dated April 25, 2007, para. 16.

Recommendations

12. In the creation of public inquiries, the Government of Ontario should consider whether a constituting Order-in-Council should explicitly provide for discretion for the appointed Commissioner to provide Counselling Support services.
13. If Counselling Support services are created, their objectives should be to assist all those affected by the inquiry in question.
14. If capacity for Counselling Support is created at public inquiries, the model developed at the Cornwall Public Inquiry —based on personal choice of counsellor, privacy, and straightforward and helpful administrative processes—should be considered as a basis.

SCHEDULE 1

KEY COMMUNICATIONS MATERIAL ON COUNSELLING SUPPORT*

Overview of Counselling Support—Cornwall Public Inquiry

The Cornwall Public Inquiry has made arrangements for those affected by the Inquiry to have access to counselling support. Counselling support is intended to assist individuals involved with the Cornwall Public Inquiry in a variety of ways to get help to address any difficulties and develop healthy coping responses. It is quite understandable, given the issues being addressed at the Cornwall Public Inquiry, that some individuals will need counselling support.

Counselling Support is related to the work of the Cornwall Public Inquiry and therefore is relatively short term, covering the period of time when the Inquiry is active. This does not mean that needs for long term counselling will not be addressed. Long term counselling can be considered by the Inquiry as part of its hearings and recommendation processes. For now, the period of counselling support for the Cornwall Public Inquiry will extend to March 31, 2007, but this will be reviewed in January 2007.

One key aspect of counselling support will be **personal choice**. Whether a person wants counselling support is up to them. If a person wants counselling, they can choose who will provide the service. Ensuring the right relationship in therapy is important and part of that relationship is allowing a person to select the right person to assist them. As a result, as long as the person providing counselling support is qualified, an individual can choose his or her own counsellor. If a person wants counselling support but does not know how to find someone to give them service, then the Inquiry will provide them with a list of potential counsellors so they can choose among them. The Inquiry will have told these potential service providers that they may be contacted by those affected by the Cornwall Public Inquiry, so that there will be quick access to help.

Another important part of counselling support at the Cornwall Public Inquiry will be **privacy**. The Inquiry will keep confidential all records related to requests for counselling support and have staff training to make sure privacy is ensured. The Inquiry will not permit lawyers, witnesses or parties at the hearing to know who has or has not requested counselling or how much counselling has occurred. The Inquiry will not have therapeutic records—the staff of the Inquiry will not know, for example, what is discussed at counselling support sessions. Every effort will be made to handle requests for counselling support in a way that respects personal privacy and dignity.

*Note: All material is as posted on this Inquiry's website, reflecting dates and information at the time posted.

The last key element of counselling support at the Cornwall Public Inquiry will be **straightforward and helpful administration processes**. Public money will be spent, so there must be some processes to ensure good stewardship. For those seeking counselling, however, the emphasis is on helping people get access to counselling support. The Inquiry will make private appointments with those making a request for counselling and will walk them through the processes so they know what to do. Forms are simple. Providers of counselling will be paid to assist an individual in developing a personal counselling plan and giving a report to the Inquiry about basic matters, such as the number of sessions, or the type of counselling. Once a plan is in place, the Inquiry will pay approved counselling services directly so that those getting counselling are not “out of pocket”. Travel to appointments for counselling will be reimbursed within Government of Ontario guidelines.

Anyone who is interested in counselling support from the Cornwall Public Inquiry can request a private appointment to discuss if they are eligible and what would be involved. Getting an appointment does not mean a person must have counselling. In all cases, the Inquiry will assist people in making their own decisions by providing the information needed.

Commonly Asked Questions and Answers about Counselling Support at the Cornwall Public Inquiry

Q: Who can have counselling support?

A: Anyone who is affected by or is participating in the work of the Cornwall Public Inquiry, such as parties, witnesses, community professionals and involved community members and their family members. Counsel and Commission staff and counsel for parties and their families are also eligible.

Q: How are family members defined?

A: A family member is a spouse, including married or common law relationships and same or opposite sex relationships. Family members also include parents, sons or daughters and brothers and sisters.

Q: Are minors eligible?

A: Yes. Depending on the age of the child or young person, they may be able to apply on their own behalf or parents or guardians may apply on their behalf. If they can apply on their own behalf, all privacy policies apply to them.

Q: What kind of counselling is available?

A: Individuals have the right of choice. They can choose if they want counselling and what type and person is right for them. This is very important for the counselling to be constructive. Individuals can choose an individual who is a psychiatrist or psychologist, social worker, therapist or person with other forms of counselling designation. They can choose individual counselling, group therapy or a combination. They can choose someone from a referral list or another qualified person.

Q: What about groups—are groups covered?

A: If a group is facilitated by a counsellor, they may be covered. The individual's counsellor would have to recommend that a group would be useful in therapy, as part of an individual's personal plan. A personal plan is put on a document called "Form 2". The group rate is \$200 per hour for a psychologist and \$150 for other approved counsellors. If two are involved in co-counselling, the rate is \$350 per hour. To qualify as a group, there would need to be at least two people from the Cornwall Public Inquiry, if one counsellor for the group, and at least three people from the Cornwall Public Inquiry, if two counsellors for the group.

Q: What will be paid for counselling?

A: Individual payments will be up to \$125 for a one-hour session with a psychiatrist or psychologist and up to \$100 for other qualified counsellors. However, if the usual rate charged by the service provider is less, then this lower amount is charged.

Q: How long will counselling support be available?

A: Initially, counselling support will be available up until March 31, 2007. In January 2007, the support will be reviewed and, depending on circumstances, may be extended or modified.

Q: What about travel costs?

A: Those needing to travel within Ontario to and from counselling are eligible to recover the cost of driving at provincial government mileage rates, or actual taxi, bus or train costs on presentation of receipts and expense accounts. An economic way of travel should be chosen (e.g. bus or driving for travel out of town of residence, not taxi). Any extraordinary travel (i.e. long distances, out of province),

are subject to the discretion of the Inquiry and should be discussed before being undertaken.

Q: What if people need more long term counselling?

A: Counselling support is intended to assist those participating in the Inquiry, so it is by definition limited to the duration of the Inquiry. The need for further services is one of the issues within the mandate of the Commission and could form further recommendations. Parties and the public can make further submissions on this issue at the appropriate time.

Q: What if individuals feel they need counselling but do not know where to get it?

A: The Inquiry will provide individuals with some possible service providers for consideration. However, what is right for an individual is always up to them. The referral list is for assistance in getting help—an individual can go to a person on the referral list or to another qualified provider.

Q: How does the process for getting approval for counselling support work?

A: If you want an appointment for counselling support, please call Patrick Lechasseur at 613.938.6640 or by email at patrick.leschasseur@jus.gov.on.ca. You will be given a private appointment to obtain relevant forms, information of possible service providers if you do not already have someone in mind and to have someone “walk through” the forms and processes. Every effort will be made to make this a straightforward and supportive process.

Q: What is the first step for getting counselling support?

A: Through the appointment process, individuals fill in a form requesting counselling and then go to their chosen counsellor to discuss a counselling plan. The chosen counselling provider then gives the Inquiry a report on the counselling plan. The forms are straightforward, and there is help at the Inquiry in filling in forms and in having the process explained.

Q: I work and cannot come to the Inquiry to discuss counselling in the daytime, and do not want to call from work. Can I talk to someone in the evening?

A: Yes, we will do telephone interviews in the evening. If you would like an evening telephone appointment, you should call the Cornwall Public Inquiry and ask to speak to Patrick Lechasseur at 613.938.6640. You should say that you would like an evening appointment. We will make arrangements for the Counselling Intake Coordinator to call you at home in the evening at a scheduled time (e.g. at 7:30). Make sure you have a pen and paper ready to take notes when we call. You will get more information in the mail, but most people find it helpful to take notes too.

Q: Will the Inquiry pay for a report by a prospective counsellor and for initial meetings to discuss a counselling plan?

A: Yes. A counsellor will be paid at the regular rate for counselling for up to three hours to discuss the personal counselling plan with an individual and the sum of \$100 for preparation of the report on recommended counselling and any follow-up with the Inquiry related to the report.

Q: How will individuals know if their request is approved?

A: Individuals and their counsellor or service provider will receive a written response. Every effort will be made to respond promptly once the required material is received at the Inquiry.

Q: How will payment work? Will people have to pay “up front”?

A: Once an individual’s request and the report received from a service provider is approved in writing; the service provider will bill the Inquiry directly every month for services provided. There will be no payment for missed appointments. The Inquiry is GST exempt so GST is not paid.

Q: Who will know about whether someone has accessed counselling support?

A: At the Inquiry, knowledge of a request or approval of counselling will be strictly restricted to the Policy Director, a trained professional to assist in initial intake, and a limited number of support staff who need to process payments, arrange for appointments and provide forms. Every effort will be made to ensure privacy and keep information secure. No other party,

counsel or witness will be told by the Inquiry staff or be entitled to have information about who has or has not had counselling approved or the amount of counselling approved.

Q: If I miss a counselling session, what happens?

A: If you give enough notice that you cannot attend, you can usually just reschedule with your counsellor. You should find out from your counsellor how much notice should be given—it is usually one or two days. If you do not come to an appointment and do not say so in advance, and this happens frequently, your counsellor may ask you if you are committed to counselling. You may find your counsellor will not reschedule with you if you are missing many appointments. You may need to think about why you are missing appointments—is it because you find it difficult to talk about issues in your life, or is it for other reasons? Would a different time of day help? You may need to discuss these things with your counsellor and consider your own willingness to go to counselling.

Q: Does an individual receiving counselling have to keep it secret?

A: No. It is his or her decision to let others know, or to keep it private. However, the Inquiry will keep the information confidential.

Q: Will individuals ever be contacted about counselling support?

A: As part of the January 2007 review of counselling support or toward the end of the Inquiry or shortly afterward, individuals and service providers may be contacted and asked for feedback about the process of counselling support throughout the Inquiry. Responses would only be reported on a statistical basis and comments kept anonymous. However, it is important to assess what went well and what could be improved for the future. Those who do not want to respond would not have to respond.

If you are thinking about counselling in relation to the Cornwall Public Inquiry but are uncertain as to who is covered and what is available, call for an appointment. Having an appointment does not mean you have to apply for counselling. You can get information and decide when you are ready.

THE CORNWALL PUBLIC INQUIRY



L'ENQUÊTE PUBLIQUE SUR CORNWALL

Ontario

COUNSELLING SUPPORT REVIEW:

WHAT HAS CHANGED? WHAT HAS NOT?

Counselling Support has been reviewed and extended. The basic operation of Counselling Support will continue to run as it has so far. Surveys of those receiving counselling were very positive but a few areas are being improved.

Here is information about a few key changes:

HOW LONG IS COUNSELLING SUPPORT AVAILABLE?

Counselling Support was scheduled to end March 31, 2007. It will now end 90 days after the release of the Final Report of the Commissioner to the Government of Ontario. New clients will not be accepted after March 31, 2008. This will be reviewed in January 2008 to see if the deadline for new clients should be extended.

WHO IS ELIGIBLE FOR COUNSELLING?

There is no change in eligibility. Those affected by or participating in the Cornwall Public Inquiry are eligible for Counselling Support. These include:

- Witnesses and potential witnesses
- Those identifying as survivors, victims, or alleged victims
- Those alleged to be perpetrators of sexual abuse
- Staff and counsel of the Inquiry and Parties' counsel
- Cornwall community professionals affected by the Inquiry
- Community members affected by the Inquiry

The Inquiry will stop taking new clients on March 31, 2008. This will be reviewed in January 2008.

HOW WILL COUNSELLING SUPPORT BE ADMINISTERED?

There are **very few changes** in how Counselling Support will run. People can still choose their own counsellor, as long as he or she is qualified to provide counselling. Staff of the Inquiry will continue to provide referrals if needed. The forms, payment processes and strict privacy protocols will continue unchanged.

There are two small administrative changes, as follows:

The **weekly limit** for all counselling sessions with one counsellor will be six hours unless in the written opinion of the counselling provider more was needed due to a crisis situation (examples of crises include suicidal situation, bereavement, marital breakdown, serious illness, legal situation, battering or sexual assault). **Telephone counselling** will be permitted for crisis situations or in special situations approved by the Inquiry staff.

The **fee for family or couples counselling** will be the same as for one-on-one counselling (up to \$100/hour for social workers and \$125 for psychologists) and a “group” will be required to have at least three participants to receive a higher group rate. This is similar to fees charged in other counselling arrangements such as Employee Assistance Programs.

WILL THERE BE CHANGES IN TRAVEL PAYMENTS?

No changes will be made in travel payments for transportation to and from counselling services, of \$0.40 per kilometre for driving and actual costs with receipts for bus, train, or taxi. Since there is a requirement to be economical, a taxi is only permitted if there is no other reasonable choice. While there were requests to speed up payment or pay more advances, this is not possible under the government rules available to the Inquiry.

ARE THERE CHANGES AFFECTING COUNSELLORS?

The Inquiry staff will have **meetings every three months with counsellors** to discuss common issues and to build cooperative relationships and support, and to find out about training needs. This is to respond to counselling provider needs so they may better serve their clients and for the Inquiry to communicate expectations of service and practice standards. The Inquiry values counsellors' work, and wants to help with training and guidance, and provide opportunities for professional cooperation and learning. In addition, Inquiry staff want to hear from counsellors about their suggestions.

In order to address possible “burn-out” and mitigate possible dependence on the Inquiry, a **practice limit of 20 cases for each counsellor** will be put in place. Any practice exceeding this limit will be allowed to reduce via attrition. There will be exceptions to accommodate family members who may want to be with one counsellor or due to travel constraints for clients needing service close to home.

Counselling Support staff will be **enhancing the review of counsellor qualifications** to ensure qualified counsellors continue to be available. The requirements are similar to those for Employee Assistance Programs.

If you are interested in Counselling Support, please call the Counselling Support Coordinator, Patrick Lechasseur, at the Cornwall Public Inquiry at 613.938.6640. Your call will be kept private.

QUESTIONS AND ANSWERS

EXTENSION OF DEADLINE FOR NEW CLIENTS TO GET COUNSELLING SUPPORT AT THE CORNWALL PUBLIC INQUIRY

Q: What has changed about Counselling Support?

A: We were no longer going to accept **new** clients for Counselling Support after March 31, 2008. Those already approved would continue with counselling until the report of the Cornwall Public Inquiry is released plus 90 days, but no new clients would be approved. So, for example, if someone who wanted counselling came to ask for it in April 2008, they would be too late to get approved.

This deadline for new clients is now extended from March 31 to August 31, 2008. Nothing else is changed.

Q: Why did the Commissioner decide to extend new intake to August 31, 2008?

A: There was a public consultation and people were asked for their advice. Most thought that people could continue to be affected by the Cornwall Public Inquiry as long as Phase 1 hearings were going on. These hearings are scheduled to end this summer. The Commissioner wanted to ensure all people who were affected by the hearings had an opportunity to get counselling.

Q: What happens after August 31, 2008 to people already approved for counselling?

A: Those already approved for counselling can continue their counselling until the release of the Report of the Cornwall Public Inquiry plus 90 days.

Q: Will there be a further extension?

A: No.

Q: How can I get counselling?

A: You can call the Cornwall Public Inquiry at 613.938.6640 and speak to Patrick Lechasseur. You can arrange for a confidential discussion with Patrick to see if you qualify for Counselling Support and to arrange for a qualified counsellor for you. Your privacy is protected and the processes are straightforward. Every effort is made to treat people with kindness and dignity.

Q: Are there counselling services I could get in Cornwall other than through the Inquiry?

A: Absolutely. For local services, please look at the document called “Counselling Support Service Providers and Community Based Cornwall Services” under “Healing Work—Phase 2—Counselling Support” on the Cornwall Public Inquiry website at www.cornwallinquiry.ca. Counselling through the Inquiry is not your only option.

Q: Do I have to live in Cornwall to get Counselling Support?

A: No. You have to be affected by the Cornwall Public Inquiry to qualify for Counselling Support but you do not have to live in Cornwall or go to counselling in Cornwall.

Date: February 2008

Witness Support

Witness Support at the Cornwall Public Inquiry

Witness assistance services are available in Ontario for criminal trials. Typically, these services are available to victims of crime or to vulnerable witnesses, such as children who have witnessed assaults.

Counsel for The Men's Project,¹ raised the issue of Witness Support for witnesses at the Cornwall Public Inquiry during his questioning of expert witnesses in Phase 1. This line of questioning suggested that support to witnesses was needed, in addition to Counselling Support. For example, when counsel for The Men's Project directed such questions to Professor Nicholas Bala, an expert witness before this Inquiry, Professor Bala confirmed that both victim programs and witness programs would be useful.²

On May 7, 2006,³ after consideration of the issues regarding support to witnesses, I ordered the creation of Witness Support services for the Cornwall Public Inquiry. The Inquiry had a mandate to inquire into processes that would encourage healing and reconciliation in the Cornwall community. In my view, the Inquiry's own processes, such as making support available to witnesses, would contribute to fostering an environment more conducive to healing. I created Witness Support within my authority as Commissioner under section 3 of the *Public Inquiries Act*⁴ to control processes of this Inquiry because there was no

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1. The Men's Project was a party to this Inquiry with limited Phase 1 standing and full Phase 2 standing.
 2. Nicolas Bala, testimony, February 20, 2006, transcript, p. 60.
 3. A press release was issued by this Inquiry and posted on this Inquiry's website, www.cornwallinquiry.ca
 4. Section 3 of the *Public Inquiries Act* states: "Subject to sections 4 and 5, the conduct of and the procedure to be followed on an inquiry is under the control and direction of the commission conducting the inquiry."

explicit provision in the constituting Order-in-Council. My decision was based on the need to assist vulnerable witnesses and reduce the possibility of “re-victimization.” It was also my position that it was important to demonstrate respect for the public service rendered by all witnesses at a public inquiry and to reduce the adversarial environment that did build up. It was for this reason that I did not restrict eligibility for Witness Support to survivors of sexual abuse. I made Witness Support available to all witnesses, with the exception of expert witnesses. This was the first time a formal Witness Support service was created at a public inquiry.

I assigned responsibility for Witness Support to Phase 2 staff. The Inquiry hired a Counselling and Witness Support Coordinator for this work and to address the growing needs of Counselling Support. As well as having graduate degrees in psychology and counselling and relevant work experience, the coordinator received specific training in acting as a witness-support resource. The Director of Policy also carried out witness-support functions as well as overseeing management of Witness Support. Commission Phase 2 and administration staff carried out administrative work such as the creation of an administrative manual to ensure procedural consistency and fiscal accountability, as well as specific assignments such as travel arrangements. We posted online relevant information and questions and answers on Witness Support on our website, as well as making Commission and party counsel aware of the availability of Witness Support. The material in Schedule 1 that follows this chapter sets out the information available to potential witnesses, counsel, and the public.

The basic services available to witnesses at the Cornwall Public Inquiry included:

- providing orientation to the physical setting at the Inquiry hearing room, such as where witnesses sit to give testimony, sound systems, translation systems, where lawyers and Commission staff are located, areas within the hearing room for the public and media, where to enter and exit the hearing room and where family or friends could be seated;
- giving an explanation of what procedures to expect at a hearing (the order of questioning or when there are breaks, how to ask for breaks and the meaning of standard legal terms such as “adjourning for the day”);
- arranging for transportation or escort to and from this Inquiry on the day of testimony, if needed, and arranging accommodation if required;
- escorting witnesses in and out of the hearing room, taking individuals to a private room during breaks or lunch, and ensuring they have water, coffee, or lunch;

- making contact with an individual to ensure they are current about when they will be reached for testimony, as there are sometimes delays, and then following up after testimony to ensure well-being;
- ensuring liaison with Counselling Support if a witness expresses an interest, and reminding witnesses about eligibility for Counselling Support for themselves and their families; and
- assistance with preparation of expense accounts.

Witness Support was available for Phase 1 evidentiary testimony and Phase 2 informal testimony. Fifty individuals received Witness Support in Phase 1 and seven during Phase 2 informal testimony.

Witnesses could choose the services appropriate to their needs and circumstances. For example, they could obtain assistance with transportation but decide not have escort to and from the hearing room. In all cases during the evidentiary hearings, witnesses had access to a separate witness room where they could have privacy, compose themselves, or have a quiet break or meal. Facilities for informal testimony were separate from the offices of the Cornwall Public Inquiry, and were also private.

Those who attended as witnesses and requested Witness Support could also have a support person attend, such as a spouse, other family member, or close friend. Transportation or accommodation costs for support individuals were covered through Witness Support. Those attending as a support person to a witness were also assisted, for example, with orientation to an appropriate place to sit in the hearing room while testimony was given. The ability to have supporting friends or family attend was very important for several witnesses. Family members of witnesses were also reminded of their eligibility for Counselling Support and were assisted in obtaining it. The Commission staff had discretion to authorize payments for child or elder care on the days of testimony, if there was a demonstrated need.

Witness Support also provided payment for counsellors to attend with witnesses at Phase 1 hearings or at informal testimony if their presence was necessary for the well-being of their clients. Counsellors attended in twelve instances. Anecdotally, several witnesses and some counsel indicated that they appreciated the existence of Witness Support and found it helpful in managing the experience and impact of testimony.

While I had not established Witness Support for this purpose, I found that Witness Support services also facilitated efficient hearing processes by ensuring timely arrival of witnesses and communication regarding delays or other issues affecting attendance of witnesses.

In the conduct of evidentiary hearings of this Inquiry and in informal testimony, I was satisfied that the provision of Witness Support facilitated effective and efficient processes, demonstrated respect for the public service given by those testifying, reflected compassion for those for whom testimony was stressful or emotionally challenging, and provided needed support to those affected by the testimony experience.

Considerations for the Future

When the Government of Ontario establishes public inquiries, consideration should be given to the potential for Witness Support services, and, if considered appropriate, including in the establishing Order-in-Council explicit discretion for the Commissioner to establish Witness Support. If the Government views the provision of Witness Support as appropriate, given the subject matter of an Inquiry and the witnesses likely to appear, I suggest giving discretion to a Commissioner to design the right program for the work of the Inquiry he or she is conducting, based on objectives related to the needs of witnesses and the efficient conduct of inquiries. The Witness Support services available through the Cornwall Public Inquiry could be considered as a basis for the development of any future services created. Useful elements at this Inquiry included providing transportation assistance so that family members could be in attendance, having the ability to call upon a counsellor, maintaining a private witness room, and contacting witnesses in a friendly manner both before and after testimony to ensure well-being. We found, for example, that it was only after testimony that some individuals were receptive to discussions of available counselling services. Until they had completed testimony, they could focus only on the pending testimony. As a result, contact after testimony was productive, as well as demonstrating continued concern for the well-being of witnesses.

Recommendations

1. In the creation of public inquiries, the Government of Ontario should consider whether a constituting Order-in-Council should explicitly provide for discretion for the appointed Commissioner to provide Witness Support services.
2. If created, the objectives of Witness Support services should be to assist vulnerable witnesses and to reduce re-victimization, to demonstrate respect for the public service provided in testifying at a public inquiry, and to facilitate efficient hearing processes.

SCHEDULE 1**COMMONLY ASKED QUESTIONS AND ANSWERS
ABOUT WITNESS SUPPORT
AT THE CORNWALL PUBLIC INQUIRY****Q: What is Witness Support?**

A: Witness support provides assistance to those who are called as witnesses at the Cornwall Public Inquiry by providing witnesses with: orientation to the physical setting of the Inquiry room, explaining what to expect from the hearing processes, arranging or providing escort to and from the Inquiry on testimony day, escorting individuals to a private witness room during breaks in testimony, ensuring provision of refreshments during lunch breaks, touching base to ascertain well-being after testimony, informing witnesses about delays in bringing them forward to testify and liaison with Counselling Support if witnesses are interested in obtaining counselling.

Q: Who can ask for Witness Support?

A: Anyone who will testify as a witness at the Cornwall Public Inquiry. Witnesses will be told that they are witnesses by Commission Counsel at the Cornwall Public Inquiry. Witness Support is also available for informal testimony.

Q: Who provides Witness Support?

A: A trained professional person at the Cornwall Public Inquiry who is neutral and who will provide the help that a witness requests, within the scope of the services available from Witness Support. Service in English or French is available.

Q: Who pays for Witness Support?

A: The Cornwall Public Inquiry. Its funds come from the Government of Ontario.

Q: How is Witness Support different from Counselling Support?

A: Counselling Support for those affected by the Cornwall Public Inquiry gives the opportunity for an individual to receive therapy within a personal plan. Such plans usually cover a longer time period

and include sessions with qualified counselling professionals. Although many affected by the Cornwall Public Inquiry are witnesses, Counselling Support is also provided to those affected who are not witnesses. Witness Support is more focused on the actual time when a person provides testimony as a witness. The services provided are structured to increase comfort and provide information for the witness process. However, no therapy or counselling is provided as part of Witness Support.

Q: Can witnesses have both Counselling Support and Witness Support?

A: Yes. These types of supports provide different kinds of help so witnesses can have both if they want. Counselling Support has been available to anyone affected by or participating in the Cornwall Public Inquiry. However, general intake for Counselling Support ended August 31, 2008 and ended October 22, 2008 for those using Witness Support in either Phase 1 or informal testimony.

Q: If someone had Witness Support, does this mean they got Counselling Support?

A: No. A person was allowed to choose to have Counselling Support but was not required to do so.

Q: What are the first steps for getting Witness Support?

A: If you are a witness at the Cornwall Public Inquiry, call the Cornwall Public Inquiry at 613.938.2461 and indicate you are interested in Witness Support. Leave a number where you can be reached and you will be contacted by telephone by a Witness Support worker to discuss on a confidential basis what can be provided. If you decide to go on and access some or all of the services of Witness Support, you can set up arrangements with the Witness Support worker. At this point, the Witness Support worker will need to verify that you are a witness by contacting Inquiry Commission Counsel.

Q: How confidential is Witness Support?

A: The fact that you called to get information about witness support will be kept confidential. If you decide to proceed with some or all services, there will need to be verification that you are a witness or are participating in informal testimony. This will be done discreetly within the Inquiry. The Inquiry will not indicate publicly that a

person is using Witness Support services. However, it may become apparent if the Witness Support person is providing escort or other services that would occur in a public setting.

A decision to use Witness Support is up to each witness. Witnesses can discuss Witness Support with the Witness Support Worker without making a decision to use it. Once witnesses have the information they need, they can decide if they want Witness Support.

Fulfilling a Unique Mandate

Guided by Principles

This Inquiry was given a unique mandate. I was asked to “inquire into and report on processes, services or programs that would encourage community healing and reconciliation.”¹ In identifying what should be reported, care was taken to develop processes within this Inquiry that would result in recommendations that work together and reinforce one another. Most importantly, the recommendations were benchmarked against the principles set out in Chapter 1. Following these principles, Phase 2 recommendations facilitate survivor engagement and favour approaches supporting partnership. I have suggested approaches for the future that will further sustain partnerships, cooperation, and collaboration. My recommendations address education, training, public awareness, and needed services, particularly for male survivors. In developing recommendations, I have also been pragmatic: where more work is required before implementation, I have said so. I have also weighed choices based on what has been heard in community dialogue, analysis of the likely outcome of any proposal, and what is workable and can be implemented. I have considered the time and cost of implementation. No findings of misconduct have been made in this Phase 2 Report; its orientation is toward the future. However, Phase 2 recommendations can contribute to improving responses of institutions—and all of society—to reports of sexual abuse of children and young people, whether current or historical.

In reviewing my Phase 2 recommendations, some will say I have recommended too little, and others will say my Phase 2 recommendations are too ambitious. For those who say there is too little, I say: sustainability is important. One of my key principles is that it is better to do fewer things well and sustain them for the long term. This means setting reasonable priorities. For those who

1. See Order-in-Council 558/2005, April 14, 2005. The mandate was set out in section 3.

say the Phase 2 Report is too ambitious, remember that there is a cost to doing too little, and that may be the greater cost for Cornwall and for the people of Ontario. Guided by carefully developed principles, I have pursued what I see as the best interests of those this Inquiry was commissioned to serve in Phase 2: individuals who want and need community healing and reconciliation, and the people of Ontario, who, through their government, have asked this Inquiry to fulfill a unique mandate.

Summary of Phase 2 Recommendations

I have discussed each recommendation within the context of the relevant chapter. In Chapters 2 and 3, I have focused on very specific recommendations for Cornwall and the counties of Stormont, Dundas and Glengarry. In Chapters 4, 5, and 6, I have addressed province-wide issues related to education, policy, legislation, and programs, so that the information and lessons learned here in Cornwall can benefit communities across this province. In Chapters 7 and 8, I make recommendations related to specific supports established as part of this Inquiry to provide assistance to witnesses and counselling to those affected by this Inquiry.

Although each recommendation responds to issues engaged in a given chapter, the recommendations interact and intersect. In particular, I would point to the obvious connection between recommendations in Chapter 4, which address education and public awareness, and those in Chapter 6 that address services. Education can reduce the need for services by preventing abuse; it can also make those in need of services aware that the services exist; and, in the case of men, who are often socialized to avoid seeking assistance, public awareness may give social sanction to obtaining needed help. Chapters 2, 3, and 7 work together to create an environment of healing and provide the foundations and processes to support reconciliation and renewal in the Cornwall community. While each recommendation has a specific purpose, recommendations should be viewed as an integrated response to complex and interrelated factors present in the abuse of children and youth and in the response of public institutions to that abuse.

In making recommendations, I would stress that some recommendations should be considered and, if accepted, implemented as soon as possible. Particularly for Cornwall, waiting too long to proceed with initiatives could result in a loss of momentum, an erosion in the rebuilding of relationships integral to community reconciliation and the contribution that some of these proposals can make to economic and social renewal. It would be a shame to go backward and to lose the progress that has been made. In terms of Counselling Support, there are many whose health and personal healing could be affected. Those affected need to understand what will happen as soon as possible.

The challenge in the long term is to keep going. Sustaining change is challenging. It requires finding a balance between continuing to implement and reinforce those things that are working and continuing to reassess and refine future strategies for healing and prevention. It requires responding to new challenges in a thoughtful and systematic way, setting priorities and forging new partnerships. We may address some forms of sexual abuse in one way but then confront new challenges from technology that permit wide distribution of child pornography and expose young people to luring or grooming over the Internet. Vigilance must continue. Sustainability is built on the strong foundation of thoughtful assessment, strategy selection, and implementation that is outlined in this Phase 2 Report. If we build a system of connected and integrated responses rather than selecting piecemeal initiatives, sustainability is possible—both because there is a coherent basis for ongoing improvement and renewal and because integrated responses provide their own supports.

These are my Phase 2 recommendations.

Prospects for Healing and Reconciliation

1. The sum of \$5 million should be provided by the Government of Ontario to support community healing and reconciliation in Cornwall and Stormont, Dundas and Glengarry for a period of five years.
2. A specific public servant should be designated by the Government of Ontario to act as a liaison between those accountable for decisions on initiatives to be funded and the Government of Ontario to ensure adherence to reasonable expectations for financial management and accountability for public funds and the establishment of governance mechanisms.
3. Those responsible for making decisions on initiatives to be funded, and for purposes of accountability and reporting to the Government of Ontario and to the people of Cornwall and Stormont, Dundas and Glengarry, should be representatives of the following organizations, working together: The Survivor Leadership Team; PrévAction; Citizens for Community Renewal; St. Lawrence College, Cornwall campus.
4. The scope of initiatives that can be approved from the \$5 million should be those that can be completed by the end of a five-year period and directed to events, activities, or organizations in the Cornwall and Stormont, Dundas and Glengarry area for:
 - a. support of adult survivors of sexual abuse that occurred when that adult was a child or young person;

- b. prevention of the sexual abuse of children or young people, including the building of resilience and a sense of inclusion for children and young people;
 - c. provision of support and assistance to children, young people, and their families when abuse does occur;
 - d. continued education for professionals or employees of local institutions so they may better support or respond to adult survivors or better understand and respond to the impact of sexual abuse of children and young people, providing such education is inclusive and not for only one institution or organization;
 - e. public awareness of the impact of sexual abuse and education for students and staff at local schools; and
 - f. any space or place of recognition or event of recognition related to sexual abuse of children and young people, current and historical.
5. Expenditures that can be authorized should be able to include costs for provision of French-language materials for any initiative approved.
 6. Approvals for capital projects should be limited to \$200,000 to any one organization over a five-year period, and the capital must be expended by the end of the five-year period established to support community healing and reconciliation.
 7. Among the expenditures that the group may approve are up to five annual Reconciliation Scholarships for adults with a history of sexual abuse experienced in the Cornwall or Stormont, Dundas and Glengarry area who wish to obtain the equivalent of a high school education or to upgrade their education by attending St. Lawrence College, Cornwall campus.
 8. In addition to considering and approving specific initiatives in Cornwall and area, the group should retain a facilitator or community-development resource of their choice to assist in relationship building and should have discretion to retain appropriate administrative or management assistance to support their work from the money allocated by the Government of Ontario. The costs of any retentions and overhead should not exceed 10 percent of the monies set aside for the work of community healing and reconciliation over a five-year period.
 9. The group responsible for decisions should provide an annual report in both French and English to the people of Cornwall and Stormont, Dundas and Glengarry to detail the services, programs, and capital expenditures that are proceeding and being planned, and the basis of decisions for expenditures.

A Five-Year Plan for Sustainable Change

10. The Ministry of the Attorney General should provide funding of at least \$650,000 for the establishment and operation of an Adult Community Healing Resource Centre in Cornwall, based on the proposal by the Survivor Leadership Team. Staffing and operational funding should be provided for at least a five-year period.
11. The Ministry of the Attorney General should provide funding of up to \$2.8 million for the establishment and operation of a Family and Child Advocacy Centre in Cornwall, based on the proposal of PrévAction, and supported by the Children's Aid Society of the United Counties of Stormont, Dundas & Glengarry and the Cornwall Community Police Service. Staffing and operational funding should be provided for a period of at least five years.
12. The Ministry of the Attorney General should conduct assessments of the Adult Community Healing Resource Centre and the Family and Child Advocacy Centre on an ongoing basis, with a final report after five years to assess results, information and experience gained and to determine whether the two programs should continue to be funded.
13. The Government of Ontario should support the establishment of a Centre for Excellence for Applied Education in the Prevention, Treatment and Community Support of Abused Children, Youth and Adults at the Cornwall campus of St. Lawrence College. Support should include funding of \$100,000 for start-up of the related research institute. The Government of Ontario should cooperate with the College by making public servants with valuable expertise available as guest speakers or lecturers, and sending public servants to summer institutes or the post-diploma certificate programs to benefit from training. In addition, for five years, St. Lawrence College should be provided with \$10,000 annually for a lecture series to continue to bring experts to Cornwall to advance understanding and response to the sexual abuse of children and young people.
14. The Government of Ontario should provide funding of \$300,000 to PrévAction for a period of approximately three years to support a continuation of its work as a catalyst for change, to facilitate its participation in the establishment of programs such as the Adult Community Healing Resource Centre and the Family and Child Advocacy Centre, and to participate in the ongoing work of the Reconciliation Trust.

Public Awareness, Education, and Professional Training Across Ontario

15. The Government of Ontario should implement a province-wide public awareness campaign on the issue of the sexual abuse of children and young people, similar to long-term campaigns against drunk driving and the current campaign against domestic violence. The campaign should seek to reach as wide an audience as possible and should therefore engage as many different media formats as possible, including television, radio, newspapers, magazines, the Internet, and billboards. The campaign should also aim to target different audiences with appropriate messaging, such as messages for the public at large, messages for parents, messages for volunteers, messages for boys, messages for girls, messages for professionals, and messages for perpetrators or potential perpetrators.
16. The Government of Ontario should appoint an advisory committee to advise on the design and implementation of the awareness campaign. The advisory committee should include experts from various areas, including education, justice professionals, psychologists, media, and social-marketing professionals. The committee should be augmented by the valuable expertise of survivors of sexual abuse and of those in the Cornwall area who have already shown an active interest in an awareness campaign.
17. The Government of Ontario should implement a universal sexual abuse awareness education program in all Ontario schools, at all grade levels. A variety of approaches should be used in providing this information, such as having outside experts present information to all grades and having specialized curriculum and teaching material developed for use by teachers in the classroom. In designing this program, care should be taken to include specific elements related to the sexual abuse of boys and young men.
18. The Government of Ontario should recommend to the Council of Deans of the thirteen faculties of education in Ontario that comprehensive coverage of sexual abuse, including of violations by adults in positions of authority as well as legislative, policy, and practice interventions, be required in the curriculum for the Bachelor of Education and Master of Education degrees.
19. The Government of Ontario should recommend to the Ontario College of Teachers that it amend the Standards of Practice for the Teaching Profession to include sexual abuse prevention and the early identification of sexual abuse.

20. The Government of Ontario should ensure that all Ontario school boards have teacher training, leadership training, and appropriate curriculum to address early identification and prevention of sexual abuse. For example, school boards should include sexual abuse training in the New Teacher Induction Program.
21. The Government of Ontario should recommend that the Ontario Teachers' Federation highlight sexual abuse as an essential topic as part of ongoing professional development workshops for its membership.
22. The Government of Ontario should commission a fourth report by the Safe Schools Action Team to review the programs and policies that address sexual abuse by adults in positions of trust. Such a report should explore the mechanism of audits to measure the extent to which these programs are actually delivered in classrooms at different grade levels and any perceived barriers to delivering the programs across Ontario.
23. The Government of Ontario should implement mandatory, comprehensive and ongoing professional education and training for employees of the Province of Ontario, including sensitivity training for professionals who may have contact with children or adults who may have been sexually abused as children or young people. There should be information made available from experts in the field of sexual abuse to all partners in the justice system to ensure understanding of the lifelong impact of abuse.
24. The Ministry of the Attorney General should request that the Chief Judges of the Ontario Court of Justice consider the provision of an educational program for judges on issues related to the sexual abuse of children and young people by trusted adults.
25. The Government of Ontario should recommend to professional faculties at all Ontario universities and colleges for professionals in contact with adult survivors or children or young people who may have been sexually abused that those professional faculties implement mandatory education on the sexual abuse of children and young people and its impact both immediately and over a lifetime.
26. The Government of Ontario should recommend to self-governing professional bodies whose members may be in contact with adults survivors or children and young people who may have been sexually abused that they promote education in this field and, if appropriate, make amendments to relevant guidelines and standards related to professional competence.

27. The Government of Ontario should fund joint speciality training for child welfare workers and police officers on investigating cases of child sexual abuse. Efforts should be made to expand this training to include other relevant professionals who could be involved in investigations or in supporting the victim or his or her family.
28. The Government of Ontario should ensure that a professional teaching module is prepared using the expert testimony and other relevant evidence and information from the Cornwall Public Inquiry so that it is available for college, university, and professional teaching.

Policy and Legislative Change

29. The Government of Ontario should request that the Law Commission of Ontario or a similar entity, study the use and effects of apologies and develop “promising or best practices,” protocols, and toolkits to promote and support meaningful apologies.
30. The Government of Ontario should work with associations, such as the Law Society of Upper Canada, the Ontario Bar Association, the ADR Institute of Ontario, the Ontario Medical Association, and the Insurance Institute of Ontario, to educate professionals about the effective use of apologies in the context of civil litigation. Such education should include the benefits and risks of apologies; legal and ethical issues that arise in connection with apologies; how to promote and protect the interests of disputants at each stage of the civil litigation process; and the elements of effective apologies from the viewpoint of those receiving apologies.
31. The Government of Ontario should proclaim the legislative provisions establishing the Independent Police Review Director in the *Police Services Act* as soon as possible. It should review the effectiveness of this mechanism from the perspective of victims after it has operated for several years.
32. The Government of Ontario should ensure that those dealing with complaints about public services, whether they are provided through the Ombudsman of Ontario or through independent complaints boards, have been trained in dealing with those who have experienced sexual abuse or assault and that they are able to offer specialized services, such as appropriate referrals and sensitive responses.
33. The Government of Ontario should establish a province-wide victim liaison service to assist victims in accessing services relevant to their needs, not only at the crisis or immediate stage, but on a long-term

basis. In establishing such a service, priority should be given to Cornwall and the Stormont, Dundas and Glengarry area.

34. The Government of Ontario should direct all ministries or agencies under its jurisdiction to cease requiring or requesting confidentiality agreements in settling cases involving sexual abuse except to protect the identity of the individual receiving any payment and the amount of payment, but only if the individual wants to protect his or her name or the quantum of payment; the Government of Ontario should not enforce confidentiality provisions in past agreements except in exceptional circumstances.
35. The Government of Ontario should pass legislation in respect to institutions such as school boards, Children's Aid Societies, and police forces requiring them to adopt a policy regarding confidentiality agreements similar to that adopted by the Government of Ontario within a period of three years; in the meantime, such organizations are urged to consider voluntary change.
36. The Diocese of Alexandria-Cornwall should maintain a policy on confidentiality provisions in settlement agreements similar to those recommended for the Government of Ontario.
37. Regulations to the *Insurance Act* should be amended to provide that it be an illegal insurance practice for an insurer to suggest or insist on settlement provisions that restrict discussions of abuse and related settlements with spouses, close family members, financial advisors, physicians, counsellors, police, or regulatory authorities.
38. Mediators', arbitrators', and lawyers' organizations should conduct educational sessions to sensitize mediators, arbitrators, and lawyers to issues involving confidentiality clauses in settlement of cases involving sexual abuse, with particular focus on the impact of the burden of secrecy. In addition, mediators' and arbitrators' organizations should develop a series of "promising or best practice" confidentiality provisions for use in sexual abuse cases. Such "promising or best practice" provisions should make it clear that individuals may discuss their abuse and any related settlement with spouses, close family members, financial advisors, physicians and counsellors, and police or regulatory authorities.
39. The Ministry of the Attorney General should undertake a thorough review of sentencing practices in cases relating to child sexual abuse in order to determine whether Crown policies and procedures should be revised.

40. The Ministry of the Attorney General should provide appropriate expert information and training to Crown attorneys so that they may provide appropriate submissions to courts in cases of sexual abuse by a trusted figure. Funds should be available for reports needed in certain cases. In addition, expert information and education should be made available to all the partners in the justice system to ensure that up-to-date information about impact of the abuse of children and young people by those in positions of trust or authority is well understood.
41. The Government of Ontario should approach other provinces and the federal government with a view to instituting a review of sentencing in child sexual abuse cases. Such review should include consideration of appropriate sentence lengths, the keeping of appropriate and accessible statistical information regarding sexual abuse of children or young people, and the practices and procedures related to the sentencing of offenders in such cases.

Programs and Services in Ontario

42. The Government of Ontario should commission a study with the goal of establishing a strategic direction and implementation plan for the provision of services to men who have been the victims of sexual abuse.
43. The study should address the range of needed services, models for service delivery, service distribution, special considerations for services for men, and overall responsibility within the Government of Ontario.
44. Pending establishment of strategic direction for services to men, those services that currently exist for men who have been victims of sexual abuse should be sustained by continued funding.
45. The Ministry of Health and Long-Term Care should develop a strategy for the provision of long-term counselling for those who have a history of sexual abuse as children or young people and who require long-term counselling. Such a strategy should focus on broadening access to long-term counselling through the use of qualified psychologists and social workers. In this context, consideration should be given to a well-structured study that examines the impact of counselling on other health care costs.
46. The Ministry of the Attorney General should provide consistent support to peer or mentorship support initiatives for men and women with a history of sexual abuse as children or young people.
47. The Government of Ontario should provide a transportation subsidy to survivors of historical sexual abuse who need to attend individual or group counselling or peer support sessions if they live in a rural or

- remote area and must travel more than 100 kilometres (round-trip) for services.
48. The Government of Ontario should work with interested and qualified groups, organizations, and health facilities to develop up to five demonstration projects that provide treatment to adult sexual offenders—including those with a history of childhood victimization—using several models, providing that safeguards are in place.
 49. The Government of Ontario should give serious consideration to selecting the proposal of the Cornwall Community Hospital as one of the initiatives to proceed.
 50. The Government of Ontario should work with possible project sponsors or partners to ensure that at least one of the demonstration projects incorporates The Men's Project and an organization such as the Circles of Support and Accountability.
 51. The programs should be carefully evaluated to assess impact on prevention of sexual abuse, to determine promising transferable practices, and to establish workable responses for treatment, with a primary focus of preventing sexual abuse but with an additional focus of improving the lives of those at risk of offending sexually as a way to reduce their propensity to offend.

Counselling Support

52. Counselling Support should be extended for a period of five years, and should be funded by the Government of Ontario.
53. Those eligible for extended Counselling Support should be the individuals approved for Counselling Support at the Cornwall Public Inquiry.
54. Individuals approved for Counselling Support should be able to continue with their current counsellor or choose a new counsellor, provided the new counsellor is qualified for the work and is prepared to operate within the parameters of Counselling Support payment and administrative requirements.
55. Transportation assistance should continue to be paid to individuals by the Government of Ontario, to facilitate attendance at counselling sessions.
56. The administrative model, rules, and supports, such as supervision, currently used for Counselling Support should be continued, to the extent feasible.
57. The Ministry of the Attorney General should have responsibility for ongoing administration and accountability for extended Counselling

Support, although the Ministry may select an agent or organization to manage day-to-day operations.

58. If the Ministry of the Attorney General cannot make a decision regarding Counselling Support extension within the ninety-day period available after the release of the Report of the Cornwall Public Inquiry, the existing administrative arrangements through this Inquiry should be extended until a decision is made and communicated.
59. In any communication regarding any decision to extend or end Counselling Support, arrangements should be made for communications to all counsellors and social service agencies in Cornwall and Stormont, Dundas and Glengarry (SD&G), as well as to those approved for Counselling Support.
60. A review of future Counselling Support needs should be conducted by the Ministry of the Attorney General in the last year of any extension to assess what needs for counselling may remain and to determine how those needs could be met.
61. The Government of Ontario should provide the Cornwall Community Hospital with five-year funding for an additional counsellor, primarily to support adult victims of sexual abuse experienced as children or young people. As a condition of funding, the Cornwall Community Hospital should produce a statistical report annually on those served by the new counsellor position.
62. The Sexual Assault Centre for Quinte and District should be funded by the Ministry of the Attorney General to provide four sessions of the Quinte Residential Treatment Program for individuals currently in Counselling Support or residing in the Cornwall and Stormont, Dundas and Glengarry area. At least two sessions should be for men. The sessions should be offered before June 2014. The session organizers should consult with Counselling Support counsellors and Cornwall service agencies to identify candidates.
63. In the creation of public inquiries, the Government of Ontario should consider whether a constituting Order-in-Council should explicitly provide for discretion for the appointed Commissioner to provide Counselling Support services.
64. If Counselling Support services are created, their objectives should be to assist all those affected by the inquiry in question.
65. If capacity for Counselling Support is created at public inquiries, the model developed at the Cornwall Public Inquiry—based on personal choice of counsellor, privacy, and straightforward and helpful administrative processes—should be considered as a basis for implementation.

Witness Support

66. In the creation of public inquiries, the Government of Ontario should consider whether a constituting Order-in-Council should explicitly provide for discretion for the appointed Commissioner to provide Witness Support services.
67. If created, the objectives of Witness Support services should be to assist vulnerable witnesses and to reduce re-victimization, to demonstrate respect for the public service provided in testifying at a public inquiry, and to facilitate efficient hearing processes.

Summary of Research Commissioned by the Cornwall Public Inquiry

Phase 1 Research

A Historical Review of the Evolution of Police Practices, Policies and Training Regarding Child Sexual Abuse—Final Report submitted May 2007.

Submitted by:

Canadian Research Institute for Law and the Family

Prepared by:

Joseph P. Hornick, Ph.D.

Chelsey Morrice, B.A., LL.B.

Policies and Practices of Child Welfare Agencies in Response to Complaints of Child Sexual Abuse 1960–2006—Final Report submitted September 2007.

Prepared by:

Carol A. Stalker, Ph.D., R.S.W.

Amanda Topham, M.S.W., R.S.W.

Maxine Barbour, M.S.W., R.S.W.

Natalie Forde, M.A.

A Survey of Policies and Practices in Respect to Responses by Religious Institutions to Complaints of Child Sexual Abuse and Complaints by Adults of Historical Child Sexual Abuse, 1960–2006—Final Report submitted April 2008.

Prepared by:

Tracy Trothen, Th.D.

Tim Crouch, M.Div.

Ryan McNally, M.Div.

A Survey of Policies and Practices of Government Agencies Involved in the Administration of Youth Justice and Custodial Care with Respect to Complaints of Child Sexual Abuse and Complaints by Adults of Historical Child Sexual Abuse Who Were Provided with Government Services, Whether by Employees of the Government or by Volunteers—Final Report submitted June 2008.

Prepared by:

Simon N. Verdun-Jones, J.S.D.

Carla McLean, M.A.

Valerie H. Gregory, M.L.S.

Lauren Freedman, M.A.

Phase 2 Party Research

The Men's Project

An Ombudsman for Survivors of Sexual Violence (How Would It Work)—Final Report submitted April 2008.*

Prepared by:

David Bennett, LL.B., C. Med.

David Lizoain, B.A., M.Sc.

Survivors Helping Survivors: A Study of the Benefits, Risks, & Challenges of Peer-Support with Survivors of Sexual Violence in the Province of Ontario—Final Report submitted May 2008.

Prepared by:

Mark Patton, M.S.W., R.S.W.

Rick Goodwin, M.S.W., R.S.W.

Survivors Helping Survivors: A Practical Guide to Understanding Peer-Support for Survivors of Sexual Violence—Final Report submitted November 2008.

Prepared by:

Rick Goodwin, M.S.W., R.S.W.

Mark Patton, M.S.W., R.S.W.

Men & Healing: Theory, Research, and Practice in Working with Male Survivors of Childhood Sexual Abuse—Final Report submitted February 2009.

*A Workshop was also held on this topic. See Appendix B on Cornwall Public Inquiry Events.

Prepared by:

Andy Fisher, Ph.D.

Rick Goodwin, M.S.W., R.S.W.

Mark Patton, M.S.W., R.S.W.

Phase 2 Research Projects

Papers

Cornwall Public Inquiry Counselling Support Research Report—Final Report submitted January 2007.

Prepared by:

Allen Research Corporation

The Need for Treatment and Support Services in Eastern Ontario for Males Who Have Been Sexually Abused as Children or Youth and Have Offended Sexually as Adults—Final Paper submitted February 2008.*

Submitted by:

Circles of Support and Accountability

Prepared by:

Michael Petrunik

Adina Ilea

Susan Love

A Time for Apologies: The Legal and Ethical Implications of Apologies in Civil Cases—Final Paper Submitted April 2008.*

Prepared by:

Leslie H. Macleod, B.A., LL.B., LL.M. (ADR)

Non-familial Child Sexual Abuse: Sentencing Trends in Alberta, Ontario & Québec 1969–2008—Final Paper submitted January 2009.*

Prepared by:

Angela M. Long, B.A., LL.B., LL.M., LL.D. (Candidate), Policy Analyst, Cornwall Public Inquiry

Louise-Michelle Tansey-Miller, B.A., LL.B., LL.L.,
Research Assistant, Cornwall Public Inquiry

*A workshop was also held on this topic. See Appendix B on Cornwall Public Inquiry Events.

Action Research Projects

The Gatehouse®

The Gatehouse Mentor Program.

Training held September 2007

Program ran to April 2009

Receiving and Handling Disclosure by Adults of Their Childhood Sexual Abuse or Their Abuse as Young People.

Workshop held May 22–23, 2008

Evaluation submitted (see also Appendix B, Professional Education)

The Men's Project

Training Series—includes both Training Element and Evaluation Element.
(See also Appendix B, Professional Education)

From Conceptualization to Engagement: A Two-Day Training on Male Sexual Victimization

Workshop held November 14–15, 2007—Evaluation submitted

Workshop held September 25–26, 2008—Evaluation submitted

Revisioning Male Violence: A Two-Day Training for Helping Professionals Who Work with Abusive and/or Violent Men

Workshop held December 5–6, 2007—Evaluation submitted

Workshop held October 23–24, 2008—Evaluation submitted

Group Theory and Practice: A Two-Day Training on Group Therapy

Workshop held January 16–17, 2008—Evaluation submitted

Workshop held January 15–16, 2009—Evaluation submitted

Self-Care for the Trauma Worker: A Two-Day Workshop Focusing on Vicarious Trauma

Workshop held February 21–22, 2008—Evaluation submitted

Trauma and Resiliency: A Four-Day Training Intensive for Health Professionals Working with Trauma

Workshop held March 31–April 3, 2008—Evaluation submitted

Workshop held November 18–21, 2008—Evaluation submitted

PrévAction

PrévAction Report to Phase 2 of the Cornwall Public Inquiry—Report submitted September 2008.

Prepared by:
Claire Winchester

Environmental Scan Report—Report submitted to PrévAction February 2009.

Prepared by:
EKOS Research Associates Inc.

Views of Youth Regarding Sexual Abuse Prevention, Dangers on the Internet and the Boys and Girls Club—Report submitted to PrévAction February 2009.

Prepared by:
EKOS Research Associates Inc.

Child Advocacy Centre of Cornwall and the Surrounding Communities: Functional Plan—Report submitted to PrévAction February 2009.

Prepared by:
The Thompson Rosemount Group Inc.

PrévAction Final Report on a Five-Year Healing and Reconciliation Plan—Report submitted March 2009.

Prepared by:
Claire Winchester

Shelter 2015 Committee

Shelter 2015 Report: Research Proposal for an Emergency Shelter in Cornwall, Ontario—Report submitted December 2008.

Prepared by:
Jamie Marsolais

St. Lawrence College

Centre of Excellence: Post-Diploma Education on the Prevention, Treatment and Community Support of Victims of Child Sexual Abuse: Feasibility Assessment Update Presentation—Presentation submitted January 2009.

Prepared by:

Don Fairweather, Dean, Cornwall Campus, St. Lawrence College

The Survivor Leadership Team

Research and Feasibility Study: The Adult Community Healing Resource Centre—Report submitted February 2009.

Cornwall Community Hospital Assault and Sexual Abuse Program

Treatment Program for Sexual Offenders and Those at Risk of Offending Sexually: A Program Proposal—Report submitted April 2009.

Prepared by:

Angèle Lynch, Project Lead, Community Development Worker

Sarah Kaplan, M.S.W., R.S.W., Project Lead, Manager, Assault and Sexual Abuse Program (ASAP)

Cornwall Public Inquiry Events

Research Workshops

The Legal and Ethical Implications of Apologies—January 17, 2008.

Panellists:

Leslie Macleod, Author of Phase 2 Research Paper
Russell Getz, Lawyer for the Ministry of the Attorney General of
British Columbia

An Ombudsman for Survivors of Sexual Violence—April 22, 2008.

Panellists:

David Bennett, Author and Counsel for The Men's Project
Rick Goodwin, Executive Director of The Men's Project
Steve Sullivan, Federal Ombudsman for Victims of Crime
Kwame Addo, Investigator for the Ontario Ombudsman's Office

Male Victims of Sexual Abuse as Children Who Have Offended Sexually as Adults—May 15, 2008.

Panellists:

Susan Love, Circles of Support and Accountability
Michael Petrunik, Co-author, Phase 2 Research Paper, and Professor of
Criminology, University of Ottawa
Adina Ilea, Co-author, Phase 2 Research Paper
Rick Goodwin, Executive Director of The Men's Project
Geris Serran, Psychologist, Rockwood Psychological Services
Dr. Pamela Yates, Correctional Services Canada

Receiving and Handling Disclosure by Adults of Their Childhood Sexual Abuse or Their Abuse as Young People—May 22–23, 2008.

Panellists:

Jan Handy, Executive Director, The Gatehouse
Angela Gallant, Program Manager, The Gatehouse
Sabrina Ramlackan, Investigation and Adult Support Coordinator,
The Gatehouse

Talk About Sentencing—October 22, 2008.

Panellists:

Angela Long, Co-author, Policy Analyst, Cornwall Public Inquiry
Louise-Michelle Tansey-Miller, Co-author, Research Assistant,
Cornwall Public Inquiry
Ellen Campbell, Founder and Executive Director, Canadian Centre
for Abuse Awareness
Scott Newark, Lawyer and Media Commentator

Policy Roundtables

Homophobia, Heterosexism and How It Can Hurt the Fight Against the Abuse of Children and Young People—October 1, 2008.

Panellists:

Dr. Michael Seto, Associate Professor, University of Toronto
Professor Bruce Ryder, Associate Professor, Osgoode Hall Law
School
Jan Handy, Advisory Panel Member and Executive Director of
The Gatehouse

Confidentiality Agreements in Civil Settlements—December 4, 2008.

Panellists:

Erik Knutsen, Assistant Professor, Queen's University Law School,
and Lawyer
Steven Gaon, Lawyer and Mediator
Simona Jellinek, Lawyer specializing in historical abuse cases,
representing victims

Duty to Report Child Sexual Abuse—January 20, 2009.

Panellists:

Dr. Carol Stalker, Professor, Wilfrid Laurier University
 Amanda Topham, Lecturer, King's College at the University of
 Western Ontario
 Maureen Reid, Children's Aid Society, London, Ontario

Professional Education***Emotionally Focused Couples Therapy with Trauma Survivors***—January 24–25, 2007.

Presented by:

Gail Palmer, Centre for Emotionally Focused Therapy

Training Series

Presented by:

The Men's Project

From Conceptualization to Engagement: A Two-Day Training on Male Sexual Victimization—November 14–15, 2007; September 25–26, 2008.

Revisioning Male Violence: A Two-Day Training for Helping Professionals Who Work with Abusive and/or Violent Men—December 5–6, 2007; October 23–24, 2008.

Group Theory and Practice: A Two-Day Training on Group Therapy—January 16–17, 2008; January 15–16, 2009.

Self-Care for the Trauma Worker: A Two-Day Workshop Focusing on Vicarious Trauma—February 21–22, 2008.

Trauma and Resiliency: A Four-Day Training Intensive for Health Professionals Working with Trauma—March 31–April 3, 2008; November 18–21, 2008.

Receiving and Handling Disclosure by Adults of Their Childhood Sexual Abuse or Their Abuse as Young People—May 22–23, 2008.

Presented by:

The Gatehouse

Issues and Processes Related to Applications to the Criminal Injuries Compensation Board for Counsellors—October 15, 2008.

Presented by:

Bernadette Clement, Lawyer at S D & G Legal Clinic

Life After Sexual Abuse—November 17, 2008.

Presented by:

Dr. Regalena Melrose, Psychologist and Author

EMDR (Eye Movement Desensitization and Reprocessing): Part 1 Workshop—January 26, 27, and 28, 2009.

Presented by:

Dr. Roger Solomon

Trauma and the Client Who Is Developmentally Challenged—December 8, 2008; January 21, 2009.

Presented by:

S. D. & G. Developmental Services

Supervision for Counselling Professionals—Cornwall: February 7, March 26, May 21, July 30, August 27, October 15, and December 3, 2008, and February 18, 2009; Ottawa: April 21, May 5, July 9, July 21, September 8, and September 22, 2008, and February 9, 2009.

Presented by:

Dr. Heather MacIntosh, Psychologist

Community Meetings

Phase 2 Convening Meetings with the Advisory Panel

August 9, 2006

Cornwall Community Renewal

Paul Scott

Ken Parker

Deb Jodoin

Marion Kane

Elaine MacDonald

Counselling Providers

Wayne Nadler

Piret Koppel

Bob Smith

Deanna Poirer

Ros Forster

Alice Koekkoek

August 16, 2006

City of Cornwall

Paul Fitzgerald, CAO

Deb Daigle, Manager, Social Housing

Mayor Phil Poirier, City of Cornwall

Chief Daniel Parkinson, Cornwall Community Police Service

August 22, 2006

Jamie Marsolais

Bishop Paul-André Durocher, Diocese of Alexandria-Cornwall

August 31, 2006

Cornwall Organizations Providing Mental Health or Education and Support/Crisis Services

Dave Henry, Mental Health Crisis Team

Deanna Shorkey, Child and Youth Counselling, CCH

Richard Allaire, Red Cross (Respect-ED)

Pierre Landry, Équipe Psycho-Sociale

Sarah Kaplan, ASAP, CCH

Debbie Fortier, Maison Baldwin House

Lucie Beauregard, Sexual Assault Services

- September 1, 2006 **Dave Thomas, CEO, Director of Education,
Upper Canada District School Board**
- Dr. Richard Kaley and Ms. Malika Cherif,
Integrative Counselling**
- Cornwall Organizations Providing Services or
Counselling**
- Ray Houde, Family Counselling Services
- Glen Barnes, Addiction Services of Eastern Ontario
- Josee Delisle, Cornwall Youth Centre
- Judy Dancause, AGAPE Centre
- September 5, 2006 **Mayor Phil Poirier, City of Cornwall**
- Children’s Aid Society**
- Rick Abell
- Mehroon Kassam
- Bill Carrière
- September 12, 2006 **Victim/Witness Assistance Program (V/WAP)**
- Cosette Chafe
- Diane Dupont
- The Men’s Project**
- Rick Goodwin
- Peter Gahlinger
- David Bennett
- Chief Superintendent Beechy, Ontario
Provincial Police**
- Kevin Hummel, Ontario Provincial
Police Association**
- September 13, 2006 **Étienne Saint-Aubin, Executive Director,
S D & G Legal Clinic**
- Catholic District School Board of Eastern Ontario**
- Anne Perron
- Bill Gartland
- Marg Shea-Lawrence
- Jane McMillan

September 26, 2006	Individual community members and survivors
September 27, 2006	Conseil des écoles publiques de l'Est de l'Ontario
September 28, 2006	Murray MacDonald, Crown Attorney, Cornwall SOSA/Victims Group
August 29, 2007	Cornwall Sunrise Rotary Club
September 4, 2007	Mayor Bob Kilger, City of Cornwall
December 5, 2007	Optimist Club of Lancaster
January 9, 2008	Kinnettes
May 27, 2008	Optimist Club of Cornwall

Other Meetings

Building Hope, Trust and Pride: Phase 2 of the Cornwall Public Inquiry—May 2, 2007.

This event focused on the community's views about Phase 2 of the Cornwall Public Inquiry and sought to gather ideas to forward the Phase 2 mandate of fostering healing and reconciliation in Cornwall.

Speakers:

Colleen Parrish, Director of Policy, Cornwall Public Inquiry
 G. Normand Glaude, Commissioner, Cornwall Public Inquiry
 Ben Hoffman, Advisory Panel, Cornwall Public Inquiry
 Gail Kaneb, Advisory Panel, Cornwall Public Inquiry
 Jan Handy, Advisory Panel, Cornwall Public Inquiry
 Phil Murray, Advisory Panel, Cornwall Public Inquiry
 Peter Jaffe, Advisory Panel, Cornwall Public Inquiry

Phase 2 Table 2 Working Group Follow-up Meeting—May 24, 2007.

A follow-up meeting to the May 2, 2007, Building Trust, Hope and Pride event, building upon ideas from the event and seeking to solidify community leadership.

Phase 2 Working Group Community Meeting—June 26, 2007.

A follow-up meeting to the May 2, 2007, Building Trust, Hope and Pride event, building upon ideas from the event and seeking to solidify community leadership.

Phase 2 Neighbourhood Meetings

St. Lawrence Intermediate School—September 5, 2007

Royal Canadian Legion—September 6, 2007

The Weave Shed—September 8, 2007

Viscount Alexander School—September 13, 2007

Glenview Heights—November 14, 2007

Advisory Panel Meeting with Cornwall Community Renewal on Phase 2 Process—September 11, 2007.

Building Hope, Trust and Pride: Prevention & Community—October 18, 2007.

Building on the first Building Hope, Trust and Pride event, this meeting sought to educate the public about efforts being made to end child sexual abuse.

Speakers:

Ben Hoffman, Advisory Panel, Cornwall Public Inquiry

Jan Handy, Advisory Panel, Cornwall Public Inquiry

Gail Kaneb, Advisory Panel, Cornwall Public Inquiry

G. Normand Glaude, Commissioner, Cornwall Public Inquiry

Colleen Parrish, Director of Policy, Cornwall Public Inquiry

Mehroon Kassam, PrévAction

Jamie Marsolias, PrévAction

Dan Parkinson, Chief, Cornwall Community Police Service, and
PrévAction

Richard Allaire, PrévAction Chair and Red Cross Respected
Program

Bernadette Clement, PrévAction

Chris Francis, PrévAction

Mike Church, Advisory Panel, Cornwall Public Inquiry

Isobel Fitzpatrick, Sergeant, Ontario Provincial Police

Lise Brisson, Community Member

Peter Jaffe, Advisory Panel, Cornwall Public Inquiry

Holy Trinity Catholic Secondary School Choir of the Catholic

District School Board of Eastern Ontario, led by Helen McAlear

Public Consultations on Non-Evidentiary Hearings—November 29–30, 2007.

In-person consultations occurred with those who might seek to give informal testimony. Names are not mentioned for reasons of personal privacy.

Public Consultations on Phase 2 Process—January 29–30, 2008.

Advisory Panel members Ben Hoffman and Jan Handy met with those interested in Phase 2 to discuss “how things were going” and to receive suggestions for the work to be done in the remaining time available for Phase 2.

Building Hope, Trust and Pride—Technology and Child Exploitation: Risks and Opportunities—April 15, 2008.

Building on the first two Building Hope, Trust and Pride events, this meeting sought to educate the public about the risks of child exploitation through the use of technology and the Internet.

Speakers:

Paul Gillespie, former Detective Sergeant of the City of Toronto
Police Service

Rick Greenwood, Operations Manager, National Child Exploitation
Coordination Centre, RCMP

John Smith, Child Pornography Section, OPP

Sabrina Yoong, deal.org

Healing Circles—January 20, 2009; March 7, 2009; June 11, 2009.

Survivors, members of PrévAction, and other Cornwall and area community members joined together with Advisory Panel members in circles of healing, guided by Aboriginal teachers and elders from the Minwaashin Lodge in Ottawa.

NOTE: All events were held in Cornwall, with the exception of some Counselling Support supervisions sessions held in Ottawa and one community meeting held in Lancaster, Ontario.

This item is accompanied by a CD-ROM.

**Please inquire at the Reference Desk on the
4th floor for access to the CD-ROM**

REPORT OF THE
**Cornwall
Inquiry**



Ontario

Set: ISBN 978-1-4435-0000-5
Volume 2: ISBN 978-1-4435-0003-6